— THE —

ANNUAL REPORT

ON THE

Health of the

County Borough of Grimsby,

For the Year ending 31st December, 1950,

— BY —

JAMES A. KERR, V.R.D., B.Sc., M.D., D.P.H.

Medical Officer of Health

and School Medical Officer

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ROBERTS & JACKSON, Ltd., Printers, 7a & 9 Maude Street

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GRIMSBY COUNTY BOROUGH HEALTH COMMITTEE

(as constituted on 31st December, 1950)

Chairman

His Worship the Mayor
(ALDERMAN W. H. WINDLEY)

Deputy Chairman

COUNCILLOR T. A. PARKER

Aldermen

M. BLOOM, J.P.
J. H. FRANKLIN
W. HARRIS
C. W. HEWSON, J.P.
J. W. LANCASTER
C. H. WILKINSON, M.B.E., J.P.

Councillors

R. BATESON
A. BRADLEY
R. BRYANT
R. DANBY
C. E. FRANKLIN, J.P.
R. GILLIATT
C. W. JAKES
A. E. KELHAM
MRS. M. LARMOUR
MISS J. B. B. MCLAREN
E. W. MARSHALL
H. D. MITCHELL
T. MUMBY
J. C. B. OLSEN
T. F. SMITH
W. J. J. STEVENS
M. J. WYNNE

and the following Co-opted Members:—

DR. J. COTTRELL
DR. P. R. RIGGALL
DR. M. A. WATT
MR. R. C. BELLAMY
MR. C. W. SPENDELOW
MR. M. G. SMITH, J.P.

SUB-COMMITTEES OF THE HEALTH COMMITTEE

FINANCE AND BUILDINGS:—

ALDERMAN WINDLEY (*Chairman*); COUNCILLOR PARKER (*Deputy-Chairman*); ALDERMEN BLOOM, FRANKLIN, HARRIS AND LANCASTER; COUNCILLORS FRANKLIN, JAKES, MITCHELL, OLSEN AND WYNNE.
Co-opted Members:—MESSRS. W. BACON, R. C. BELLAMY, A. CUCKSON F. C. NORTHCOTE AND C. W. SPENDELOW.

MATERNITY AND CHILD WELFARE:—

ALDERMAN HARRIS (*Chairman*); COUNCILLOR BRYANT (*Deputy-Chairman*); ALDERMAN LANCASTER AND WINDLEY; COUNCILLORS DANBY, GILLIATT, MRS. LARMOUR, MISS MCLAREN, PARKER AND WYNNE.
Co-opted Members:—MESDAMES M. CRESSWELL, A. GARLICK, F. W. MORRIS AND L. NICHOLLS; DR. E. J. THOMSON.

MENTAL HEALTH:—

COUNCILLOR MITCHELL (*Chairman*); COUNCILLOR STEVENS (*Deputy-Chairman*); ALDERMEN BLOOM AND WINDLEY; COUNCILLORS BRYANT, KELHAM, MRS. LARMOUR, MISS MCLAREN, MUMBY, PARKER AND SMITH.
Co-opted Members:—MESDAMES A. GARLICK, L. NICHOLLS, E. M. THOMPSON AND A. B. TURNER; DR. J. D. HORSBURGH.

PERSONAL HEALTH:—

COUNCILLOR PARKER (*Chairman*); COUNCILLOR KELHAM (*Deputy-Chairman*); ALDERMEN HARRIS, WILKINSON AND WINDLEY; COUNCILLORS BRYANT, DANBY, FRANKLIN, JAKES, MRS. LARMOUR AND MARSHALL.
Co-opted Members:—MESDAMES L. A. COWIE, A. B. TURNER AND J. A. WOOD; MR. P. R. ROBINSON AND DR. T. BARROWMAN.

SANITARY:—

COUNCILLOR GILLIATT (*Chairman*); COUNCILLOR SMITH (*Deputy-Chairman*); ALDERMEN LANCASTER AND WINDLEY; COUNCILLORS FRANKLIN, JAKES, MARSHALL, MUMBY, OLSEN AND PARKER.
Co-opted Members:—MESSRS A. CUCKSON, A. J. FAWCETT AND T. HUNT; COUNCILLOR AND MRS. A. C. PARKER.

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STAFF OF THE HEALTH DEPARTMENT.

The staff of the Health Department on 31st December, 1950, was as follows:—

MEDICAL.

J. A. KERR, V.R.D., B.Sc., M.D., D.P.H., *Medical Officer of Health, School Medical Officer, Certifying Officer under the Mental Deficiency Acts and Medical Inspector of Aliens.*

JANET W. HEPBURN, M.B., CH.B., D.P.H., *Senior Assistant Medical Officer for Maternity and Child Welfare.*

GERTRUDE K. BIRCHENOUGH, M.R.C.S., L.R.C.P., D.P.H., *Assistant Medical Officer for Maternity and Child Welfare and Assistant School Medical Officer.*

SANITARY INSPECTORS.

*† H. PARKINSON, *Chief Sanitary Inspector.*
*† H. CORMACK, *Deputy Chief Sanitary Inspector.*
*† A. MANSON, *Senior District Sanitary Inspector.*
*† A. H. RANDS, (left 23.10.1950).
*† W. W. REED.
*† R. GROAT.
*† J. M. STAMP. (left 13.5.1950).
*† R. H. MANN.
*† R. B. POWELL, (left 31.12.1950).
*† S. F. BURKETT.
*† G. A. BOANAS, (Commenced 1.9.1950).
*† J. R. FISHER, (Commenced 1.9.1950).
*† F. HOLMES, (Commenced 4.9.1950).
* A. F. C. KENT, (Commenced 9.10.1950).
J. WILSON, Disinfector; and 3 rat catchers.

HEALTH VISITORS.

MISS C. M. LORD, *Superintendent*, ‡ ‖ §.
MRS. M. SHANNAN, ‡ ‖.
MISS E. M. TIPPLER, ‡ ‖ §.
MISS H. BRAGG, ‡ ‖ §.
MISS M. J. MUMBY, ‡ ‖ §.
MISS E. M. HENLY, ‡ ‖ §.
MISS M. C. BUGG, ‡ ‖ §.
MRS. I. HALDANE, ‡ ‖ §.
MRS. M. B. WHEATLEY, (Commenced 1.9.1950).
MISS J. D. M. VARRIE, (Commenced 2.10.1950).
MISS J. STEEL, ‡ ‖ § (Commenced 2.10.1950).
MISS D. ATKIN, ‡ ‖ § Tuberculosis health visitor.
MRS. R. DONSON, ‖ ,, ,, ,, (part-time).
MISS E. M. POTTER, ‡ ‖ § V.D. health visitor.

CLERICAL.

T. E. DAVIDSON, Chief Clerk.
W. R. GALE.
D. AMERY.
MISS J. SHAW, (left 3.6.1950).
MISS J. MALLINSON.
MISS C. WARBURTON, (left 24.8.1950).
MISS D. H. MOLTON, (commenced 11.9.1950).
MISS I. HOLDEN, (commenced 5.6.1950)
MISS E. JONES, (commenced 21.8.1950.)
S. NASH, (Sanitary).
T. H. R. JOHNSON, (Sanitary).
MISS J. WESTLAND, (Sanitary).
MRS. J. A. POTTER, (M. & C.W.).
MRS. E. DUMELOW, (M & C.W.).
MRS. M. CLEVELAND, (M. & C.W.).
MISS C. F. BODSWORTH, (M. & C.W.).
MISS B. THOMPSON, (M. & C.W.

Borough Ambulance Service.

E. Brown, Ambulance Officer, with one telephonist and 24 driver attendants.

Mental Health.

Miss E. M. Would, *Petition Officer and Mental Visitor.*
Mrs. J. M. Purkhardt, *Mental Welfare Worker.* (Left 30.6.1950).
Miss M. G. Deighton ,, ,, (Left 12.2.1950).
Miss E. L. Arkinstall ,, ,, (Commenced 14.8.1950).
Miss I. B. E. Francis, ,, ,, (Commenced 16.10.1950).
L. C. Rackham, *Authorised Officer.*
G. W. A. Mackenzie, *Authorised Officer.*
Miss C. M. Gemmell, *Supervisor,* Occupation Centre.
Mrs. L. A. Willerton, *Assistant Supervisor,* Occupation Centre.
Mrs. A. Y. Westwood, *Assistant,* Occupation Centre.
Miss M. Barker, *Assistant,* Occupation Centre.
Miss M. Moore, *Clerk.*
Miss L. I. Jackson, *Clerk.*

Domiciliary Midwives.

Miss R. F. A. Millington, ‡ ||, *Superintendent.*
Miss M. E. Broughton, ‡ ||, (Left 6.11.1950).
Miss D. Davy, ‡ ||.
Miss D. G. Inkpen, ‡ ||.
Miss E. Marshall, ‡ ||, (Left 18.6.1950).
Mrs. A. Thacker, ‡ ||.
Miss C. Tierney, ‡ ||.
Miss R. Smith, ‡ ||.
Miss E. Baxter, ‡ ||.
Miss G. A. Baxter, ‡ ||.
Miss F. E. Johnson, ‡ ||.
Mrs. K. A. Birkett, ‡ ||.
Miss D. M. Dawson, ‡ ||.
Mrs. C. Westacott, ‡ ||.

Home Nurses.

Miss A. H. Felton, ‡ ||, *Superintendent.*
Miss J. Bell, ‡ ||, *Deputy Superintendent.*
Mrs. F. B. Steele, ‡ ||.
Miss K. M. Haigh, ||.
Miss K. L. Spencer, ‡ ||.
Mr. V. Towriss, ||.
Mrs. E. Beasley, || part-time.
Mrs. B. Billingham, || ,,
Mrs. A. Lawe, ‡ || ,,
Miss L. Wilkinson, ,,
Mrs. M. C. Macallan, ,,
Mrs. A. M. Rawcliffe, ,,
Mrs. J. A. Uzzell, ,,

Domestice Help Supervisor:—Miss L. Blackburn.

Almoners.

Miss A. Greenstock.
Miss D. M. Wattam, part-time.

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* Holds Inspectors Certificate of Royal Sanitary Institute.
† Holds Certificate for Inspecting Meat and Other Foods.
‡ State Certified Midwife.
|| State Registered Nurse.
§ Holds Health Visitor's certificate.

To the Mayor, Aldermen and Councillors of the County Borough of Grimsby.

I beg to present the Annual Report on the Health Services of the borough for the year 1950. This is the second complete year of functioning since the coming into force of the National Health Service Act, 1946. It is now more clearly understood by members of the local authority and by the general public that the work of the health department is divided into two parts (a) that carried out under the Public Health and other acts, and (b) that carried out under Part III of the National Health Service Act, 1946, the latter being subject to Government grant and to district audit.

One of the difficulties in this area is the relative shortage of hospital accommodation, the building of a new hospital having been stopped by the outbreak of hostilities in 1939. This shortage of hospital beds throws an added strain on the services provided by the local health authority, and thus the ratepayer has to shoulder some of the taxpayer's burden. The shortage of hospital accommodation, particularly for elderly sick persons, is accentuated by the fact that hundreds of houses in the borough which should be condemned as unfit for human habitation or as not up to modern standards, cannot be dealt with at the present time. The number of houses without an internal water supply still is about 5,000.

One pleasing feature of the year has been the remarkable advance in the amount of after-care work carried on under Section 28. The almoners have been fully accepted by the hospital authorities, the general practitioners and the public. The amount of benefit to individuals which can be given at a very small cost to the ratepayer is most gratifying. The Central Care Council with its tuberculosis after-care and general after-care committees has got fully under way.

In view of the shortage of hospital accommodation for mental defectives it is gratifying to note that there is a prospect of early Government approval for the erection of a new occupation centre.

A special word of praise is due to the sanitary inspectors who beside their arduous duties in arranging for the patching up of houses whose time of service to the community is over have had unavoidably to work long after office hours during the autumn period at the work of meat inspection.

The local birth rate (18.2) remains above the rate for England and Wales, while the death rate of 11.9 compares with 11.6 for the remainder of the country. This gives an excess of births over deaths of 650, yet the Registrar General's provisional estimate of the population of Grimsby in the 1951 census is 94,527, thus bearing out the theory that there is a continual drift of adolescents out of the town for other employment who never return to reside here.

The record of no maternal deaths in 1948 was repeated in 1950. The infant mortality rate was 29.9 per thousand live births, which is only a fraction above that for England and Wales. There has been a considerable amount of measles, chicken pox and whooping cough, although not as high as the rest of the country. All were generally of a mild type and there were very few deaths among infants. Another record was made in the health statistics of Grimsby—there was no case of diphtheria during 1950. The incidence of poliomyelitis was higher than the previous year, 27 cases as compared with 18, but not so widespread as in the year 1947. There were three deaths.

As with the rest of the country the tuberculosis death rate continues to show a remarkable drop. In Grimsby it has fallen in two years from 0.74 per thousand of the population to 0.52 in 1949 and 0.33 in 1950.

In conclusion, the thanks of the department are due to the Chairman of Committees and Sub-Committees and the members of the same for their encouragement and interest in all branches of work. I should also like to thank the staff for a strenuous year's work under difficulties both inside and outside the office.

JAMES A. KERR,

Medical Officer of Health.

Health Department,

1, Bargate, Grimsby.

July, 1951.

I.—STATISTICS AND SOCIAL CONDITIONS.

General Statistics.

Area (in acres)—excluding foreshore	5,468
Registrar-General's estimate of population, mid-1949	93,240
Number of inhabited houses (end of 1950) according to Rate Books	25,900
Rateable value	£554,616
Sum represented by a penny rate	£2,213

Extracts from Vital Statistics of the Year.

Live births:—	Males	Females	Total.		
Legitimate	836	747	1583	Birth Rate	18.2
Illegitimate	69	50	119		
	905	797	1702		
Still births:—					
Legitimate	32	17	49	Rate	0.54*
Illegitimate	1	1	2		
	33	18	51		
Deaths	559	493	1052	Death Rate	11.2

Adjusted death rate (Area comparability factor 1.06) 11.9

Number of women dying in, or in consequence of childbirth:—

	Deaths	Rate per 1,00 total (live and still) births.
From sepsis	Nil	—
From other causes	Nil	—
	Nil	—

Death rate of infants under one year of age per 1,000 live births:—
Legitimate 30.8; Illegitimate 16.8; Total 29.9

	Number	Rate
Deaths from measles	1	0.01
,, whooping cough	1	0.01
,, diarrhoea (under two years of age)	5	†
,, respiratory tuberculosis	29	0.31
,, other tuberculous diseases	2	0.02
Total tuberculosis deaths	31	0.33
Deaths from cancer	158	1.69
Deaths from influenza	7	0.07

* 29.0 per 1,000 total (live and still) births.

† 2.93 per 1,000 live births.

Population.—The Registrar General's estimate of the home population of Grimsby for 1950 is 93,240, an increase of 1,990 on his estimate for 1949. The natural increase of the population, i.e., the excess of live births over deaths for the year was 650.

Births.—A total of 1,702 live births (905 males and 797 females) were registered, giving a birth rate of 18.2 per thousand of the estimated home population, compared with 15.8 for England and Wales and 17.6 for the 126 county boroughs and great towns, including London. This is the lowest local rate since 1941.

Table 2 at the end of this report gives the rates over a period of years compared with those for England and Wales.

One hundred and nineteen (6.9 per cent.) of the births were illegitimate. The illegitimacy rate was 69 per thousand live births; for England and Wales it was 49.

Still Births.—Fifty-one still births were registered, giving a rate of 0.54 per thousand of the population, compared with 0.37 for England and Wales. The rate expressed per thousand total (live and still) births was 29.0, while for England and Wales it was 22.6.

Deaths.—There were 1,052 deaths (559 males and 493 females), equal to a death rate of 11.2. The adjusted death rate for Grimsby—calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.06—is 11.9, compared with a rate of 11.6 for England and Wales and 12.3 for the great towns. Table 3 gives the local and national rates over a period of years.

Five hundred and ninety-seven persons, comprising residents and non-residents, died in institutions in the borough, equivalent to 56 per cent. of the total deaths.

Coroner's inquests or inquiries to the number of 176 were held, and the findings were:—accident or misadventure 42; natural causes 121; suicide 11; murder 1 and open verdict 1.

During the year 601 persons died at seventy years of age and upwards, the numbers at age periods being:—

	Males	Females	Total
Between 70 and under 75 years	91	85	176
,, 75 and under 80 years	106	80	186
,, 80 and under 85 years	68	78	146
,, 85 and under 90 years	23	42	65

also 8 males and 20 females aged 90 and over. This is equal to a rate per thousand of the population of 6.44, and to 57 per cent. of the total deaths.

Table 5 at the end of this report, giving the causes of death in age periods, was prepared in the Health Department from information supplied weekly by the local registrar. The classification agrees closely with the figures received from the Registrar General on 14th June, 1951.

Infant Mortality.—There were 51 deaths of infants under one year of age, giving an infantile mortality rate of 29.9 per thousand live births, compared with 29.8 for England and Wales. The latter rate is the lowest ever recorded in this country, while the local rate is only slightly above the lowest figure recorded in Grimsby—29 in 1948. For further information on infant and maternal mortality see page 27.

Social Conditions.—As in other parts of the country the degree of overcrowding continued to be marked pending the provision of additional houses by the local authority. Besides the physical degree of overcrowding, except to those engaged in care or social work, the degree of psychological trauma is not always fully appreciated.

The difficulties of the Housing Committee in their task is fully appreciated, but it is gratifying to note that they are beginning to have second thoughts about the practice of sharing new municipal houses between two families each with one child. Unfortunately, much of the old housing property in the town continues to deteriorate at a fairly rapid rate from a complex variety of reasons.

The Reconstruction Committee continue in their efforts to attract new industries to the Pyewipe district and other areas in an endeavour to diminish the degree of dependence that this town has on the fishing industry.

The Manager of the Employment Exchange has kindly furnished particulars regarding the number of unemployed persons in the Grimsby Exchange area which covers Grimsby, Cleethorpes and the outlying districts within a radius of 12 miles, including Immingham:—

Total live register in January, 1950, (males 1,262; females 392)	1,654
Total live register in July, 1950, (males 1,313; females 200)	1,513
Total live register in December, 1950, (males 1,327; females 417)	1,744

The number of juveniles transferred by the Ministry of Labour to permanent employment in other parts of the country was 54 (boys 38 and girls 16).

Rainfall.—The total rainfall during the year was 26.03 inches (17.60 in 1949), and the heaviest fall was 0.69 inch on 21st November, 1950.

II.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The incidence of notifiable diseases (other than tuberculosis) was as shewn below.

Diseases.	Total Cases notified.	Cases admitted to Hospital.	Total Deaths.
Scarlet fever	126	38	—
Acute pneumonia	33	4	53 (all forms)
Meningococcal infection ..	1	1	1
Acute poliomyelitis	25	23	2
Acute polioencephalitis ..	2	2	1
Ophthalmia neonatorum ..	20	—	—
Puerperal pyrexia	7	6	—
Erysipelas	15	3	—
Chicken pox	1068	2	—
Measles	1475	17	1
Whooping cough	506	8	1
Acute rheumatism	13	5	—
Food poisoning	7	3	—
Dysentery	3	3	—

No notifications were received of other notifiable diseases not specified in the table above (e.g., diphtheria).

Table 4 on page 99 gives an analysis of the total notified cases under various age groups and in Wards.

Table 7 on page 102 gives a comparison of the death rates and case rates of certain infectious diseases.

Scarlet Fever.—126 notifications of scarlet fever (65 males and 61 females) were received. The local attack rate was 1.35 per thousand of the population, while that for England and Wales was 1.50. Thirty-eight of these cases (30 per cent.) were removed to hospital for treatment. It has not been possible owing to shortage of nursing staff to admit cases to hospital unless there were special grounds for such removal. There were no deaths.

The following table shows the comparative prevalence of scarlet fever over a period of ten years:—

INCIDENCE OF SCARLET FEVER IN VARIOUS YEARS.

1 Year	2 Estimated Population	3 Total No. of Cases Notified	4 Attack Rate per 1,000 Population	5 No. of Deaths Regd.	6 Mortality per 100 Cases Notified	7 Mortality per 1,000 Population	8 No. of Cases treated in Hospital	9 Percentage removed to Hospital
1941	78,680	141	1·79	1	0·70	0·01	98	69·5
1942	76,800	262	3·41	—	—	—	177	67·5
1943	76,460	206	2·69	1	0·48	0·01	144	69·9
1944	76,150	153	2·00	1	0·65	0·01	121	79·0
1945	78,030	76	0·97	—	—	—	50	65·7
1946	86,340	55	0·63	—	—	—	41	74·5
1947	89,190	119	1·33	—	—	—	80	67·2
1948	91,060	263	2·88	1	0·38	0·01	96	36·5
1949	91,250	213	2·33	1	0·46	0·01	77	36·1
1950	93,240	126	1.35	—	—	—	38	30·1

Diphtheria.—No cases of diphtheria were notified in Grimsby during 1950. This is the only year since notification began in 1889 that no case has been recorded. The attack rate for the country as a whole was the very low one of 0.02 per thousand of the population.

The table appended shows the prevalence of Diphtheria over a period of ten years:—

INCIDENCE OF DIPHTHERIA IN VARIOUS YEARS.

1 Year	2 Estimated Population	3 Total No. of Cases Notified	4 Attack Rate per 1,000 Population	5 No. of Deaths Regd.	6 Mortality per 100 Cases Notified	7 Mortality per 1,000 Population	8 No. of Cases treated in Hospital	9 Percentage removed to Hospital
1941	78,680	90	1·14	5	5·55	0·06	88	97·7
1942	76,800	123	1·60	1	0·81	0·01	123	100·0
1943	76,460	167	2·18	10	5·98	0·13	160	95·8
1944	76,150	150	1·96	2	1·33	0·02	150	100·0
1945	78,030	53	0·67	1	1·88	0·01	52	98·1
1946	86,340	31	0·35	1	3·22	0·01	31	100·0
1947	89,190	21	0·23	1	4·75	0·01	21	100·0
1948	91,060	23	0·25	1	4·34	0·01	23	100·0
1949	91,250	8	0·08	1	12·50	0·01	7	87·5
1950	93,240	0	—	—	—	—	—	—

Pneumonia.—Thirty-three notifications were received— 29 of primary pneumonia and 4 of influenzal pneumonia. The local attack rate was 0.35, compared with 0.70 for England and Wales. Four cases were treated in hospital. 53 deaths were ascribed to all forms of pneumonia, giving a local death rate from this cause of 0.56 compared with 0.46 for England and Wales.

Cerebro-spinal Fever.—One notification of cerebro-spinal meningitis was received relating to a boy aged $3\frac{1}{2}$ years, and the case was admitted to the infectious diseases hospital for treatment. The local attack rate was 0.01, and for England and Wales it was 0.03.

Ophthalmia neonatorum.—20 cases of this disease were reported. The services of a nurse are offered by the local authority in all cases nursed at home.

Puerperal Pyrexia.—Seven notifications of puerperal pyrexia were received. The attack rate per thousand total births was 3.99; for England and Wales it was 5.81. When a case is nursed at home the services of a district nurse are offered by the local authority, but six of the cases notified were removed to hospital for treatment.

Erysipelas.—15 cases of erysipelas were notified—6 males and 9 females. The local attack rate was 0.15, while for England and Wales it was 0.17. Three cases were treated in the infectious diseases hospital. There were no deaths.

Measles.—The total number of notifications of measles was 1,475 (724 males and 751 females) with one death, the heaviest incidence occurring in the last quarter of the year. Seventeen cases were admitted to hospital for treatment. The high local attack rate of 15.81 compares with 8.39 for England and Wales.

In 1949 there were 257 notifications and one death, and in 1948 the number of cases reached the high total of 1,977 with three deaths.

Whooping Cough.—506 notifications of whooping cough (222 males and 284 females) were received, compared with 379 the previous year. The attack rate was 5.42; for England and Wales it was 3.60. One death occurred from this disease equal to a death rate of 0.01, the same as that for England and Wales. Eight cases were treated in hospital.

Chicken Pox.—This disease was prevalent during the year, there being 1,068 notifications (574 males and 494 females), compared with 198 in 1949. Two cases were admitted to hospital for treatment.

Dysentery.—Three notifications were received, one of which referred to a non-resident. The latter case of Sonne dysentery was a man aged 31 employed as a painter at the Bull Sand Fort in the River Humber, who was admitted to Grimsby General Hospital in a critical condition and eventually made a good recovery. The matter was referred to the A.D.M.S., Northern Command, for investigation.

The two Grimsby cases—both males, aged 19 years—were admitted to hospital for treatment. Exhaustive enquiries failed to trace the source of infection, though both were stated to have consumed "luncheon meat". Neither of the youths had been overseas.

Acute Rheumatism.—Under the Acute Rheumatism Regulations, 1947, Grimsby was selected as one of the five pilot areas for notification of this disease in persons under the age of 16.

The Acute Rheumatism Regulations of 1950 require the notification as from 1st October, 1950, of cases of rheumatism under 16 years of age occurring in specified parts of England. These are the first such regulattions to be made as respects Cornwall, Kingston-upon-Hull and Salford, and in effect renew the regulations of 1947 as respects Lincolnshire (Lindsey), Bristol, Grimsby, Lincoln and Sheffield and replace similar regulations, which they revoke, as respects Ilford. They also revoke, without replacement, similar regulations in force in Paddington.

Thirteen notifications were received during the year relating to 7 boys and 6 girls. In each case after notification the family history is checked up by a social worker and the housing conditions are investigated by a sanitary inspector. The case is always finally reported on by the consultant physician for assessment and placing in the appropriate category under a scheme devised by the Royal College of Physicians. Two girls were thus proved to be non-rheumatic cases. See Table 8 at the end of this report.

Influenza.—This is not a notifiable disease unless complicated by pneumonia. Seven deaths were attributed to influenza, giving a death rate of 0.07 compared with 0.10 for England and Wales.

Food Poisoning.—Seven cases were reported to the Department, which is equivalent to an attack rate of 0.07 per thousand of the population (equals 7 cases per 100,000). For England and Wales the rate was 0.17 (17 cases per 100,000).

Acute poliomyelitis (including polioencephalitis).—Twenty-seven cases were notified—25 of acute poliomyelitis and 2 of polioencephalitis. Of the former, paralysis was present in 22 of the cases. The local attack rate was 0.28 (paralytic 0.23 and non-paralytic 0.05); for England and Wales it was 0.18 (0.13 and 0.05).

There were three deaths of Grimsby residents—2 from poliomyelitis and one from polioencephalitis. The latter was a female infant of six months who died in the Grimsby General Hospital.

Smallpox.—There were no cases of small pox or suspected smallpox in Grimsby during 1950, but a number of notices were received by the department from other ports in regard to persons who were considered to have been contacts of the disease. These were persons returning to Grimsby from overseas, and they were kept under surveillance for a deriod.

Cancer.—The number of deaths in Grimsby due to cancer was 158 giving a local death rate from this cause of 1.69; for England and Wales it was 1.88. The rates for the previous year were 1.81 and 1.87 respectively.

Every endeavour has been made to assist the Radiotherapy Centre at Scunthorpe in the follow-up of their cases, and copies of the particulars of all deaths from cancer in the borough are forwarded to the medical officer in charge.

The statistical information in respect to cancer is gradually giving a truer picture because of the increased amount of radiological examination of the chest and the increased number of post mortems performed.

Venereal diseases.—The following information is supplied by the courtesy of Dr. W. E. Orchard, consultant venereologist. During the year 293 Grimsby residents attended for the first time at the special treatment centre for venereal diseases at 38 Queen Street, Grimsby. The classification of these new cases was:—

Condition	*Males*	*Females*	*Total*
Syphilis	19	25	44
Gonorrhoea	32	6	38
Other than venereal	164	47	211
	215	78	293

The attendances made by borough patients at the centre were 4,060 (males 2,513 and females 1,547).

The times at which sessions are held with the venereologist in attendance are—

Males	Mondays, 10 a.m. and 4.30 p.m.; Wednesdays 2.p.m.
Females	Mondays, 2 p.m.; Thursdays, 10 a.m. and 4 p.m.

The centre is open for intermediate attendance from Monday to Friday between 10 a.m. and 12.30 p.m., and 2 and 7 p.m., also on Saturday between 10 a.m. and 12.30 p.m.

Springfield Hospital.—The total number of patients admitted to the infectious diseases section of this hospital during the year was 258. One hundred and fifty of these were normally resident in the borough. In the table set out below the cases from the borough are classified into "disease on admission" and "final diagnosis".

Disease on admission		*Final Diagnosis*	*Disease on admission*		*Final Diagnosis*
Diphtheria ..	5	—	Chicken pox ..	2	2
Vincent's angina	—	2	Cerebro-spinal meningitis ..	8	1
Tonsillitis ..	2	5	Tubercular meningitis	3	2
Scarlet fever ..	38	38	Influenzal meningitis	1	1
Poliomyelitis ..	32	23	Puerperal pyrexia	6	6
Polioencephalitis	1	1	Infants with mothers	4	4
Whooping cough	8	8	Influenza	—	2
Measles ..	17	17	Mumps	5	5
Pneumonia ..	1	1	Dysentery	1	1
Erysipelas ..	3	3	Miscellaneous ..	13	28
				150	150

There were 14 deaths, seven of which were Grimsby residents.

III.—TUBERCULOSIS.

Notifications.—It is gratifying to note that during 1950 only 98 persons were notified as suffering from tuberculosis and this represents the lowest figure for Grimsby since 1930—the highest number of notifications received by this authority occurred in 1934 when there were 221. This shows a marked improvement compared with the previous year when there were 130 notifications. Of these 98 notifications, 86 were pulmonary and 12 non-pulmonary. In addition, 15 cases already notified in other areas came into the borough. The age groups and ward distribution are shown in Tables 9 and 10 in the appendix.

Deaths.—(Table 9). The number of deaths and the death rates from tuberculosis per thousand of the population in 1950 wereas follows :—

	No. of deaths.	*Death rate.*
Respiratory tuberculosis	29	0.31
Other forms	2	0.02
Totals ..	31	0.33

The death rate for all forms of tuberculosis for England and Wales was 0.36 (respiratory 0.32; other forms 0.04).

Table 11 in the appendix shows the number of primary notifications received per thousand of the population, and the ratio of non-notified deaths in each year of the decennium.

Included in the deaths were 8 cases that had not been previously notified as suffering from tuberculosis, and the proportion of non-notified deaths is therefore 25.8 per cent.

The significant drop in the death rate has been discussed with the Chest Physician and we feel there are too many factors operative.

Firstly, the expanding thoracic surgery service over the past few years is beginning to pay dividends. There is a light period of three to four years before the drop in the death rate due to thoracic surgery becomes statistically visible.

The second main factor is the use of streptomycin and P.A.S. In tuberculous meningitis this has meant an immediate reduction in the death rate. Many children would have most certainly died but for streptomycin; unfortunately a small percentage developed deafness. In respect of pulmonary cases the effect of these drugs, particularly when they are given to people who are not considered suitable for various reasons for radical treatment in the form of collapse therapy or pneumonectomy, the results are not so quite striking, but at least the life of the tuberculous patient is prolonged.

We shall look forward to next year's figures with particular interest.

Revision of Register.—Under the Public Health (Tuberculosis) Regulations, 1930, the names of 92 notified persons were removed from the register in 1950, these consisting of:—

Diagonis not established	1
Recovered	40
Died	31
Not desiring public medical treatment	2
Left district	14
Not found after adequate search	4

On 31st December, 1950, there were 722 names on the register of the Medical Officer of Health, 601 relating to pulmonary and 121 to non-pulmonary patients.

CHEST CLINIC.—The following table (by courtesy of Dr. J. Glen, consultant chest physician) is a general analysis of the work carried out in regard to Grimsby patients at the Chest Clinic during 1950:—

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A.—NEW CASES examined during the year (excluding contacts):													
(*a*) Definitely tuberculous	42	28	7	1	3	4	4	1	45	32	11	2	90
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	11	15	8	7	41
(*c*) Non-tuberculous ..	—	—	—	—	—	—	—	—	579	1462	184	183	2,408
B.—CONTACTS examined during the year:													
(*a*) Definitely tuberculous	3	3	1	1	—	—	—	—	3	3	1	1	8
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	1	1	3	1	6
(*c*) Non-tuberculous ..	—	—	—	—	—	—	—	—	118	203	141	149	611
C.—CASES written off the Clinic Register as:													
(*a*) Recovered	5	14	3	3	5	8	3	2	10	22	6	5	43
(*b*) Non-tuberculous ..	—	—	—	—	—	—	—	—	713	1684	336	340	3,073

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
D.—Number of Cases on Clinic Register on December 31st, 1950 :—													
(*a*) Definitely tuberculous	269	240	56	41	28	27	24	25	297	267	80	66	710
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	18	30	11	12	71

1.	No. of cases on Clinic Register on 1st January, 1950	758
2.	No. of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	17
3.	No. of cases transferred to other areas, cases not desiring further assistance under the scheme, together with cases " lost sight of "	19
4.	No. of cases written off during the year as dead (all causes)	23
5.	Total number of attendances at the Clinic, including contacts	10,205
6.	No. of consultations with medical practitioners (otherwise)	4,609
7.	No. of attendances for artificial sunlight treatment ..	1,302
8.	No. of artificial pneumothorax refills carried out ..	1,940
9.	No. of visits paid to the homes of patients by the Tuberculosis Health Visitors	1,551

X-Ray Department.

	Males.	*Females.*	*Children.*	*Total.*
No. of X-ray films taken	918	922	117	1,957
No. of X-ray screening examinations carried out	1,646	3,310	1,295	6,251

Source of special examinations referred to the Chest Clinic during 1950:—

	A.M.	*A.F.*	*M.C.*	*F.C.*	*Total.*
Grimsby Corporation —					
Health Department ..	4	3	—	—	7
Education Department ..	—	14	—	—	14
Police Department	27	—	—	—	27
Children's Committee ..	10	28	—	—	38
*Maternity and Child Welfare	—	871	—	—	871
Army Medical Board	26	—	—	—	26
Migrant Examinations —					
Australia	26	24	3	—	53
Canada	3	1	—	—	4
South Africa	2	3	1	—	6
U.S.A.	6	4	1	—	11
Overseas Appointment	1	1	—	—	2
R.A.F. Scholarships	3	—	—	—	3
Ministry of Works	4	2	—	—	6
Income Tax Department ..	18	5	—	—	23
Works Contacts	—	19	—	—	19
	130	975	5	—	1,110

* An attempt is made to carry out routine ante-natal examinations on every expectant mother referred from the maternity and child welfare clinics.

B. C. G. Vaccination.—The Chest Physician of the area Dr. J. Glen, was approved for this work, but a start had not been made at the end of the year.

Tuberculosis Regulations, 1925.—No action was taken during 1950 relating to persons suffering from pulmonary tuberculosis employed in the milk trade.

Public Health Act, 1936.—No action was taken under Section 172 of this Act relating to the compulsory removal to hospital of persons suffering from tuberculosis.

IV.—NATIONAL HEALTH SERVICE ACT, 1946.

HEALTH CENTRES (Section 21)

The position in regard to health centres remains as stated in the last paragraph of my report for 1949, when the matter was temporarily left in abeyance.

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

Notification of births.—1,709 live births and 54 still-births were notified during 1950, as compared with 1,821 and 41 during 1949. The fall in the birth rate noticeable all over the country is quite evident from the above figures, but the Grimsby birth rate still continues to be above the average for the rest of the country.

Prematurity.—117 infants were reported to have been born prematurely:—

(a) 52 at home
(b) 3 in private nursing homes
(c) 62 in maternity hospitals.

Eleven of the infants born at home were transferred to hospital to be nursed, and of the remaining 41 left at home, only three were lost. Of the total 117 premature babies, six died within 24 hours and eight within 24 hours of birth. 12% of all premature babies did not live more than 28 days. Of those born on the district and nursed entirely at home, 7.3% did not survive more than 28 days and 14.5% of those transferred to hospital, or born in hospitals and nursing homes, did not survive more than 28 days.

There has been a very slight increase in the incidence of premature confinements, viz. 6.6% of total births occurred prematurely in 1950 as compared with 6.4% in 1949.

So far as the survival of premature babies born at home and nursed at home is concerned, this year proves even more conclusively that such babies given skilled nursing etc. seem to have a better chance of survival. Each district midwife concentrates on the nursing of premature babies on her district, and great praise is due to those midwives for the very detailed work done by them.

The following table gives a note of the birth weights and number of survivals:—

Under 3 lbs.	8 (of whom 5 died within 28 days)
3 lbs. and under 4 lbs.	18 (of whom 2 died within 28 days)
4 lbs. and under 5 lbs.	38 (of whom 3 died within 28 days)
5 lbs. and under 5½ lbs.	53 (of whom 4 died within 28 days)

It is obvious that the more immature the less likely to survive, whether born and nursed in hospital or not. Too much praise cannot be given to the careful nursing given to premature babies in the premature baby unit at the Maternity Hospital.

Still births.—54 cases were notified, and routine enquiries were made into their causation. In 30 cases, confinement took place prematurely. Various causes were found, as follows:—

Rhesus negative—hydrops foetalis	10
Anoxaemia (strangulation by cord)	4
A.P.H. and central placenta praevia	1
A.P.H. and toxaemia of pregnancy	6
A.P.H.	4
Placental degeneration	2
Post maturity	4
Prolapsed cord	1
Hydramnios	5
Malpresentation	1
Anencephaly and hydrocephaly	4
Monster	2
Maternal accidents (falls)	2
Prematurity (twin)	1

Infant Welfare Centres.—The usual sessions were held at the various clinics, 3 weekly at Hope Street, 2 at Watkin Street, 2 at Nunsthorpe, and 1 at Old Clee. This does not include toddlers' clinics which are held weekly at Hope Street, Watkin Street and Nunsthorpe.

The actual attendances were 244 less than in 1949, probably due in part to a diminution in attendances during the period August to October, when there was a minor outbreak of poliomyelitis, and fear of infection induced mothers to stay away from crowded places, and to changes in medical staff.

A great many of the first attendances are of babies aged 14 to 16 days, and it is regrettable that even at this early age many of the infants have been weaned, especially those born in maternity homes. It would seem as if the initial troubles of managing the baby immediately after discharge home are too much for the mother. Weaning is usually found to have occurred 2 to 3 days prior to the mother attending an infant welfare centre for the first time. The average mother seems to think no advice is necessary when she takes the decision to stop breast feeding, but is quite sure that she must have medical advice with respect to artificial feeding. There is, of course, still a small nucleus of mothers with the idea that an infant welfare centre is merely a place at which infant foods can be obtained at a reduced price.

At one clinic the following information was obtained concerning the type of feeding on the first visit:—

	Breast	*Bottle*	*Breast and bottle*
(a) At age of 2 weeks and under 3 weeks	54	20	5
(b) At age of 3 weeks and under 4 weeks	74	49	7
(c) At age of 1 month and under 2 months	70	71	13
(d) At age of 2 months and under 3 months	13	34	5
(e) At age of 3 months and under 4 months	5	13	1
(f) At age of 4 months and under 6 months	8	25	—

In other words, under one month at first visit, 33% were already artificially fed, and

Over 1 month and under 2 months	46.1% were artificially fed
Over 2 months and under 3 months	65.7% were artificially fed
Over 3 months and under 4 months	68.4% were artificially fed
Over 4 months and under 6 months	75.8% were artificially fed,

and this despite concentration on teaching the expectant mother the importance of breast feeding. In these times of domestic stress what is the solution ?. More rest after confinement by provision of domestic help, better food, and/or more concentration on teaching.

Mothercraft.—During the year considerable progress was made by the health visitors in their teaching of mothercraft at clinics. The subjects discussed included nutrition and value of vitamins, breast feeding, bottle feeding and technique of cleaning utensils used for this purpose, infant care, home safety, behaviour, dental care, infectious diseases and their prevention, including diphtheria immunisation and vaccination, personal hygiene and elementary biology, ante-natal mothercraft and physiotherapy. In addition to this 42 talks were given in conjunction with film shows and 37 talks with demonstrations, the total attendance being 786.

Distribution of Milk.—Distribution of dried milk at a cost approved by the Minister of Health or at a reduced price in necessitous cases has continued. Many mothers take advantage of the Government milk scheme and the work of the distribution of National dried milk, cod liver oil and orange juice is undertaken by the food office clerks.

Again we have to report that full use is not taken of the provision of vitamin preparations by the Ministry of Food for priority classes. On the whole the vitamin tablets provided for expectant and nursing mothers are well taken up, and much better than the liquid Vitamin A. and D. preparations. The exact percentage taken up in Grimsby is not so low as it would appear to be, inasmuch as the figures include the rural district around Grimsby where less is used.

Toddlers' Clinic.—Three sessions were held weekly as in 1949 and again proved totally inadequate to meet the demand. 1,632 attendances were made as compared with 1,878 in 1949. This drop was due to staffing difficulties during the latter part of the year. When more medical staff is available it is essential that additional sessions be provided for routine examination of toddlers so that more preventive work can be achieved.

There is no doubt that the routine examination of toddlers is welcomed by mothers who feel more contented about the health of their children when they have had a routine check. The preventive mind is certainly being developed for children of this class. On the whole over the year, routine examination did not reveal any very serious

defects; there was the normal incidence of squint, ear nose and throat defects and orthopaedic conditions with, if anything, a slight increase in the number of children suffering from basal bronchitis and early bronchiectasis, following an epidemic of whooping cough and measles.

Test Feeding Clinics.—A total of 310 test feeds were carried out at the various clinics. This method of doing only one or two test feeds in 24 hours is quite inadequate except in those cases where it is possible to prove either (a) overfeeding, or (b) that breasts are still secreting when a mother is determined to wean without due cause.

It is realised that in the present time of housing shortage and financial stress it is impossible to establish an adequate breast feeding unit, but there is no shadow of doubt that the need for a full time unit exists.

There have been a few really successful cases following test feeding e.g., the case of a mother of five children who had never previously managed to maintain lactation for more than two or three weeks, but who, as a result of intensive care and teaching both before and after the birth of the fifth child, succeeded in breast feeding for more than six months.

The real difficulty with many cases is lack of desire to breast feed. Unfortunately, those who want to breast feed often fail to do so for one reason or another and those who do not want to breast feed often could do so without any difficulty. It is interesting to note that of infants visited for the first time during the year 67% were breast fed: 7.25% breast and bottle fed; 25.7% entirely bottle fed.

At 3 months 31.8% were breast fed; 4.6% breast and bottle fed; 63.6% entirely bottle fed.

At 6 months 22.6% were breast fed; 1.7% breast and bottle fed; 75.7% entirely bottle fed.

It is interesting to contrast this with results obtained in 1938 when the last feeding survey was made. Of infants visited for the first time at 2 weeks 75.5% breast fed;5.6% breast and bottle; 18.9% bottle fed.

At 3 months 45.8% breast fed; 5.6% breast and bottle; 48.5%bottle fed.

At 6 months 34.5% breast fed; 6.4% breast and bottle; 59% bottle fed.

These statistics show a steady decline in breast feeding despite intensive efforts on the part of health visitors and medical officers. It is quite common to find a mother artificially feeding her baby, despite the fact that the breasts are still secreting fairly actively, the excuses for not breast feeding being trivial, e.g. insufficient milk, breast milk no good to baby, breast milk too watery—baby not satisfied. All these reasons merely are pointers to the need for a breast feeding centre, where more detailed care and study could be given to the problems of lactation.

Ante-Natal Clinics.—There was a slight increase both in the number of new cases and attendances in 1950, viz., 494 as compared with 452 new cases in 1949, and 2,614 as compared with 2,395 attendances in 1949. The practice of extending to general practitioners the ante-natal facilities for taking blood, pelvic measurements and X-rays has continued, and many general practitioners send their booked cases to the clinics as a routine for such examinations to be made.

In November, 1950, a special weekend course was held for the instruction of midwives and health visitors in exercises for expectant and newly delivered mothers, and some ante-natal cases were good enough to co-operate by attending during the course. Following the course each mother attending ante-natal clinics was given practical instruction providing her pregnancy was not too advanced. It is interesting to note that many who refused to consider attending the class with a view to helping her to have an easier confinement changed her mind when she was told that the exercises would help her to regain her figure after confinement.

The use of posters, diagrams and the birth atlas has also stimulated interest in ante-natal care and a knowledge of what happens in pregnancy and child birth has helped to remove many of the fears of the young expectant mother.

Post Natal Clinics—The two special weekly sessions and the combined ante-natal and post natal session have not been well attended, although there has been an improvement over 1949. 198 cases made 208 attendances in 1950, as compared with 103 cases and 150 attendances in 1949.

Orthopaedic cases.—33 cases were referred from maternity and child welfare clinics to the orthopaedic department at the General Hospital as compared with 23 in 1949.

13 of the 33 cases suffered from congenital defects such as talipes, torticollis, congenital dislocation of hips, and the other defects were defects of feet, genu valgum, genu varum, scoliosis, etc.

There is still a high incidence of knock knees, but only three cases were referred to the orthopaedic clinic, the others being given the necessary advice and treatment at infant welfare clinics.

Unfortunately, there were five cases of bow legs sufficiently marked to need treatment. This is rather alarming as it indicates and unwanted incidence of rickets.

Infant mortality.—The infant mortality rate dropped during 1950 to about the same low level as in 1948, the actual rate being 29.9 in 1950, 34 in 1949 and 29 in 1948.

The chief causes of death were respiratory disease (2), atelectasis (10) prematurity (6), diarrhoea and enteritis (5), congenital defects (4), and injury at birth (2).

Only one death was due to measles, but poliomyelitis, polioencephalitis and pneumococcal meningitis each accounted for one death Unfortunately, there was a marked rise in the incidence of diarrhoea and enteritis, and no less than 9.8% of the total infant deaths was caused in this way. Of the five infants who died from gastro-enteritis, all were between the age of 5 and 8 months, three were entirely breast fed and two were breast fed for part of the time. Only one infant attended a welfare centre, and in three cases home conditions were poor and unsatisfactory. In one case gastro-enteritis was associated with bronchopneumonia. It would seem that these were the very cases whose mothers needed teaching in hygiene and technique of artificial feeding. All the cases occurred between the months of June and October.

No. of infant deaths due to —	1950	1949	1948	1947	1946
Respiratory disease	21.56	30.15	23.63	19.58	19.71
Congenital defects (including atelectasis, congenital defects and and injury at birth.)	31.37	30.15	20.00	26.80	25.35
Prematurity	11.76	7.93	25.45	11.34	33.80
Enteritis	9.80	6.34	10.90	17.52	5.63

A similar increase was noticeable in the incidence of deaths due to prematurity, and it is significant that although only six deaths were certified as being caused by prematurity in another seven cases prematurity was given as a secondary cause. It is likely that of the ten deaths certified as due to atelectasis many in former years would have been attributed to prematurity only.

Unmarried mothers.—19 girls were transferred to institutions outside the area, as follows:—

The Quarry Maternity Home, Lincoln	12
The Salvation Army Home, Leeds	3
Northampton Maternity Home	1
St. Mary's Home, London	1
Sheffield Maternity Home	1
Sheffield Hospital	1

The period of maintenance arranged for varied between 16 and 26 weeks. All the welfare work concerning these cases is done by the Sister attached to the Home of Help for Girls.

Neo-natal mortality.—There was a slight rise in the neo-natal mortality rate from 16.55 in 1949 to 16.96 in 1950. 29 infants died within their first month and accounted for two thirds of the total infant deaths.

The chief causes were:—

Atelectasis	5	Congenital defects	3
Atelectasis and prematurity	4	Injury at birth	2
Atelectasis and prematurity plus congenital defects ..	1	Asphyxia (inluding overlaying)	2
Prematurity	6	Icterus gravis	1
Respiratory disease	2	Polio-encephalitis	1
Respiratory disease plus congenital defects	1	Pneumonia	1

It would seem that this neo-natal rate could be lowered considerably; in other words these deaths were preventible, and there is a wide field still open for workers in preventive medicine.

Ophthalmia Neonatorum.—20 cases were notified during the year. The midwifery staff feel a sence of grievance in respect to these notifications, in as much as many of the cases so notified do not amount clinically to more that a " sticky eye ". In no case was the causative organism the gonococcus. This says much for the efficiency of antenatal care and for midwifery technique.

Ophthalmic Treatment.—60 cases were referred from Maternity and Child Welfare clinics during the year and received treatment for squints, stenosed tear ducts, etc. at the outpatient department of the Grimsby General Hospital.

DENTAL TREATMENT.

Numbers provided with dental care :—

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	151	151	151	151
Children under five	226	218	218	218

Forms of dental treatment provided :—

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum treatment	Silver Nitrate treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and nursing mothers	682	59	80	58	78	..	22	..	64	42
Children under five	387	..	163	30	..	103	13	..	..	..

Clinics and Treatment Centres.—The Clinics and treatment centres provided by the local authority and the education authority in the Borough are as follows :—

MATERNITY AND CHILD WELFARE.

Infant Welfare Centres.

Second Avenue, Nunsthorpe	Monday	2 p.m.
do. do.	Thursday	9-30 a.m.
Hope Street (Tel. 4012)	Tues. and Thurs. ..	2 p.m.
Watkin Street (Tel. 4564)	Tues. and Thurs. ..	2 p.m.
Old Clee	Friday	2 p.m.

Ante Natal Clinics.

Municipal Maternity Home, Nunsthorpe (Tel. 7222)	Tues. and Fri. ..	9-30 a.m.
do. do.	Wednesday	9-30 a.m. & 2 p.m.
Second Avenue, Nunsthorpe	Monday	9-30 a.m.
Hope Street	Monday	2 p.m.
do.	Friday	2 p.m.
Watkin Street	Monday	9-30 a.m.
do.	Wednesday	2 p.m.

Post Natal Clinics.

Municipal Maternity Home	Thursday	2 p.m.
Hope Street	Thursday	9-30 a.m.
Watkin Street	Monday	2 p.m.

Toddlers' Clinics.

Hope Street	Tuesday	9-30 a.m.
Second Avenue, Nunsthorpe	Wednesday	2 p.m.
Watkin Street	Friday	9-30 a.m.

Dental Clinic.

Hope Street	Every afternoon (except Saturday)

Diphtheria Immunisation Clinics.

Second Avenue, Nunsthorpe	Second Monday in each month 2 p.m.
Watkin Street	First Monday in each month 2 p.m.
Hope Street	Wednesday .. .. 2 p.m.

Vaccination Clinics.

Second Avenue, Nunsthorpe	Second Monday in each month 2 p.m.
Watkin Street	First Monday in each month 2 p.m.
Hope Street	First Wednesday in each month 2 p.m.

School Medical Service.

School Clinic.	(Tel. : No. 4867)	
Municipal Hall, Burgess Street	Daily (except Saturday)	9 a.m.
Eye Clinic.		
Municipal Hall, Burgess Street	Tuesday (by appointment)	2 p.m.
Special Investigation Clinic.		
Municipal Hall, Burgess Street	Friday	2 p.m.
Ophthalmological Clinic.		
Municipal Hall, Burgess Street	Thursday (fortnightly)	2 p.m.
Rheumatic and Heart Clinic.		
Municipal Hall, Burgess Street	Monday (monthly) ..	2 p.m.
Dental Clinic.		
Hope Street	Daily	9 a.m

Cleansing Facilities.—The cleansing station made available by the Education Committee at the school clinic in Burgess Street continues to be made use of from time to time. It is not often required to be used other than by school children. Complicated cases of scabies with secondary infection are always admitted to hospital.

MIDWIFERY (Section 23).

Midwives.—There were only two changes in staff during the year, Nurse Broughton, district teacher midwife leaving to take up another appointment, and Nurse Marshall leaving on the occasion of her marriage. Neither was replaced during 1950.

There were 821 domiciliary confinements, 785 by municipal midwives and 36 by independent midwives. In 33% of domiciliary confinements the midwives acted as maternity nurses.

12 domiciliary midwives qualified in accordance with the requirements of the Central Midwives Board administered gas and air analgesia to 393 cases. Only 50% of women confined in their own homes were given gas and air analgesia. This has again raised the question, " Why do not all mothers have this relief from pain ?", and an analysis of the cases from one midwife's portion gives the following answers:—

In 10.9% of total cases gas and air analgesia was refused.

In 9.1% of total cases the midwife was sent for so late that she had only time to prepare the patient and conduct delivery. Some of these cases were already advanced in labour on midwife's arrival.

7.3%of total cases received other forms of analgesia.

7.3% of total cases were medically unfit for gas and air.

In this midwife's practice only 37% of cases failed to receive gas and air analgesia.

It is remarkable that despite demonstration of gas and air analgesia apparatus at ante-natal clinics and in patients' homes, allied with detailed instructions in the use of the apparatus, many women still refuse to take advantage of the relief offered, but it should be remembered that relief from pain is given by other methods, e.g. by the injection of pethidine in all suitable cases.

5,477 ante-natal visits, 14,076 nursing visits, and 585 special visits were made by municipal midwives, a total of 20,138 as compared with 21,098 in 1949.

Part II District Training of Pupil Midwives.—12 students received full or part training during 1950. 11 passed their C.M.B. examination successfully during 1950, and one did not sit the examination during 1950. One student trained in 1949 who failed to pass her examination in 1949 was successful in 1950. In addition one post-graduate midwife from India was resident in the students' hostel for post-graduate training in practical midwifery and the social services for a period of five weeks.

The majority of the students took a keen interest in district midwifery work and also in the local health authority's medical and other services, so much so that they frequently embarrassed the medical officer at clinics by their questions and desire to learn. This eager interest is much to be acclaimed and should make for a first class municipal or hospital midwifery service in due course. At least there is now a desire to know and tackle social problems.

Three of the district midwives are approved as teachers, viz. Miss Johnson, Miss Smith and Miss Tierney, and they all take a keen interest in their work.

An arrangement has been made whereby pupils at Lincoln Maternity Home receive their district training in Grimsby. This is due to the fact that only 32.6% of confinements in Lincoln take place on the district, there being adequate provision of hospital beds for the others, whereas in Grimsby fully 50% of confinements are domiciliary. Of the 12 pupils trained during 1950 five came from Lincoln. Supervision, instruction in entering case records, and discussion of cases are the responsibility of the supervisor of midwives, who also runs the hostel in which both pupils and some of the midwives reside.

During 1950 much was done to improve conditions in the hostel. Furniture was repaired and recovered, new curtains were provided and the whole interior and exterior were redecorated.

It is to be regretted that Grimsby is sharing in the dearth of pupil midwives already being experienced all over the country, and that the very excellent facilities for training are not fully used.

Maternity Mortality.—Nil. This is only the second year that we have been so fortunate, but it is without doubt the result aimed at by both doctors and midwives.

Puerperal Pyrexia.—Only seven cases were notified, the case rate being 4%. Three of these cases occurred in the Grimsby Maternity Hospital and only one case was nursed at home, the others being transferred to the hospital for infectious diseases. In all district cases where infection is suspected nursing is transferred to the district nurses.

HEALTH VISITING (Section 24).

Three new health visitors joined the staff, Mrs. Wheatley on 1st September, and Miss Steel and Miss Varrie on 1st October. Miss Watson was engaged as a trainee health visitor and commenced training at Oxford on 15th September, 1950.

The increase in staff was too late to make good the drop in home visits due to shortage of staff and there were only 22,222 visits made as compared with 27,280 in 1949.

There is no doubt that there is a considerable wastage of time and trained staff due to the fact that school nurses and health visitors are still kept in separate water-tight compartments, and the knowledge of the family held by the health visitor can not be used for the good of the school children. There is, however, excellent team work being carried out by health visitors, home help organiser and almoner and this can only result in better advice for the individual.

HOME NURSING (Section 25).

The local authority carry out their home nursing service from premises in Dudley Street, in which the majority of the nurses reside. A total of 22,772 visits were paid by the nurses to 944 cases during the course of the year. At the end of 1950 there were six full time and six part time nurses on the staff under the general supervision of a resident nursing superintendent.

The usual annual inspection was carried out by the appointed officer of the Queen's Institute and the report sent to the local health authority was excellent. The nurses do not engage in any home nursing duties outside this area.

During 1949 two of the staff were approved as relief midwives for the sake of maintaining their skill and interest in midwifery but owing to pressure of work this arrangement ceased to function in 1950.

During this year also one male nurse has successfully completed his Queen's training and his services have proved of exceptional value in the nursing of certain types of male patients, so much so that it is hoped to secure another male nurse as soon as available.

Post graduate training of district nurses was considered essential and during 1950 the Personal Health Sub-Committee approved of two nurses receiving post-graduate training, though the courses were not held until early 1951.

A close liaison is still maintained between the local health authority and the Queen's Institute of District Nurses and the quarterly regional meetings of the Queen's Institute are attended by two members of the sub-committee. Those meetings are helpful in that they sharpen the interest of committee members in home nursing and management problems.

This has been a very strenuous year, not so much because of the number of cases to be nursed as because of the amount of skilled nursing required and the prolongation of the period of nursing.

It is very pleasing to both committee members and nursing staff that the interest of the voluntary committee has not been lost because the voluntary body ceased to function. The lively interest still existing has made life much easier for the nursing staff.

VACCINATION AND IMMUNISATION (Section 26).

Immunisation against Diphtheria.—During the year a total of 787 children completed the series of inoculations, 282 of these being carried out by general medical practitioners. This compares with 1,308 immunised in 1949, and makes, with those immunised in preceding years, a grand total of 23,110. In addition, 219 children between the ages of 5 and 15 years received a reinforcing injection.

It is estimated that the percentage of immunised children between 0-15 years in the borough is 58.2 per cent. The estimate for those under 5 years being 44 per cent. and for those between 5 and 15 years 67.3 per cent.

Twenty-four bottles of diphtheria prophylactic, each containing 10 c.c., were supplied free of charge to the general medical practitioners.

Table 14 in the appendix indicates the number of children completing the series of inoculations since the inauguration of the scheme.

Vaccination.—During the year 413 primary vaccinations and 50 revaccinations were performed. The following table shows the age groups of these vaccinations.

Age at 31st Dec., 1950 i.e. born in years	Under 1 1950	1 to 4 1946 to 1949	5 to 14 1936 to 1945	15 or over before 1936	Total
Number vaccinated	73	233	51	56	413
Number re-vaccinated	—	—	2	48	50

Of the total 463 vaccinations, 240 were carried out by private practitioners.

The following table shows the number of persons vaccinated per one thousand of the population during the past five years. It will be observed that there has been a slight increase since the appointed day of the National Health Service Act, 1946, when compulsory vaccination of infants came to an end.

Year	Estimated Population	Total No. of Vaccinations	Rate per 1,000 Population
1946	86,340	388	4.5
1947	89,190	391	4.4
1948	91,060	301	3.3
1949	91,250	536	5.9
1950	93,240	463	5.0

Owing to the outbreak of poliomyelitis during the year vaccination and immunisation sessions were discontinued for a period of six months, and this has considerably reduced the numbers in comparison with the previous year.

AMBULANCE SERVICE (Section 27).

The Borough Ambulance Service is now well established in its new premises in Weelsby Street. A few improvements have been carried out during the year, among which was the setting-up of a small work-shop and the engagement of a fitter.

The service is maintained on a 24-hour basis and has an ambulance officer with a staff of 24 driver-attendants, one clerk-telephonist and a motor fitter. Three new vehicles were received during the year—two ambulances and a sitting case car. The two army type vehicles were taken off the strength and earmarked for civil defence purposes. Two old cars were sold. The total strength of vehicles is now 9 ambulances and 3 sitting case cars and the service deals with every type of case.

During the year 14,928 calls were received, 118 being for other authorities and were passed on. 21,838 patients were transported and 136,206 miles were covered by the vehicles. Of the total number 1,466 were for accidents or sudden illness and 458 for other types of emergency cases.

Section 24 of the National Health Service (Amendment) Act, 1949 came into operation during the year, and though no appreciable difference has been noticed in the volume of work done, there has been an increase in the amount of work generally; the rise probably being due to the service becoming more widely known. The level reached during the last few months of the preceding year has not been maintained but the rise has not been so steep and it can be assumed that a general levelling out can now be expected. The type and number of cases fluctuate with the seasons and are most difficult to assess.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28).

The work of the almoner in the Health Department has developed rapidly during the current year and it has become obvious that if the progress is to be maintained a third almoner will be necessary in due course especially as the senior almoner needs to devote much of her time to administrative work and in planning the development of this service.

That there is a growing understanding of the function of an almoner is evident from the type of enquiries referred by the general practitioners and the medical and nursing staffs of the hospitals. Normally the people referred are definitely in need of medico-social care and advice.

There has been increasing co-operation between the health visitors and the almoners with resulting benefit to patients.

Many joint visits have been made to sick people by the home help organiser and the almoner and as a result of discussion with the patient suitable plans have been made for constructive help to be afforded them.

It is impossible to indicate how much help has been given to Grimbarians as a result of joint discussions and consultations between the almoners and other public health officials in the various social service departments.

During the year a joint visit was made to a patient by her general practitioner, a hospital resident medical officer and an almoner. Later a joint visit was made to the same patient by the medical officer of health and the almoner. Unfortunately the patient felt unable to accept the suggested plan for treatment and her decision had to be accepted. It is satisfactory however to record that liaison is sufficiently good to enable such consultations between hospital and local authority personnel to be planned and carried out.

Record should also be made of the good relationship between the Resettlement Department of the Ministry of Labour and the almoners. In the course of the current twelve months numerous patients have been resettled in light work either with or without first taking training courses as a result of the almoner putting the patients in touch with the Resettlement Officer. No patient is referred without the approval of the Hospital doctor or that of the general practitioner.

A large number of patients have been convalesced, some through the Regional Hospital Board and others have been sent to Homes for which the almoners have had to raise fees from various voluntary funds. A certain amount of preventive work has taken place mainly by getting people away for much needed holidays and rests in order to prevent a breakdown.

Some mothers have been sent with children to the Brentwood Recuperative Centre at Marple and these have gained not only rest and change of scene but tuition in caring for their children and understanding their individual needs.

Unfortunately the lack of adequate convalescent homes in the Sheffield Hospital Region makes convalescence difficult. There are no homes for children and none for mothers and babies within the region. Consequently patients have to travel a considerable distance and children need to be escorted with resulting expense. There is the additional problem of encouraging parents to allow their children to go so far afield and also to encourage mothers to face a long journey with their children to a place which to them is an unknown quantity.

Preventive work has also been made possible by the co-operation of Dr. Gantzer who has on several occasions admitted a chronic-sick patient for a temporary period in order to afford relief from strain to the responsible relative. In one instance a husband and wife and their children were enabled to have a family holiday for the first time for years.

It frequently happens in such cases that the patient received treatment which alleviates his or her condition though cure is not possible.

Although the almoners are unable to visit outside the borough many Lindsey patients are seen on the hospital wards and given advice when they have problems. It is also not unusual for these patients to call at the almoner's office when they are in Grimsby or to write for advice regarding their problems.

The almoners, through the Medical Officer of Health, keep the Lindsey Medical Officer informed of patients who are known to be discharged from hospital and who have problems of a medico-social nature. In this way the Lindsey patients receiving treatment in the borough hospitals are provided with medico-social care so far as it is possible.

It can be said with assurance that those hospital patients in real need *are* found by the almoner or referred by the medical and nursing staffs.

Unfortunately before the end of the year Miss Wattam gave us six months notice as she planned to go abroad in the spring of 1951. This means the recruitment of a new almoner to replace her.

During the year various meetings have taken place regarding the setting up of a Central Care Council, having two committees to deal with (a) Tuberculosis After Care and (b) all other types of illness. It is hoped that the Council will definitely come into being early in 1951.

It is pleasing to record that at Christmastime the almoners were asked to give a list of elderly people (normally housebound) who could be invited to a party given by the Round Table. The old people were taken there and back by cars.

Request was also made by the same society for a list of children from families where there was hardship for various reasons so that toys could be sent at Christmas. Although the compiling of these lists was not simple due to the need for careful selection the almoners were only too glad to co-operate with the Round Tablers.

The following statistics may be of interest though it is not possible to convey through figures the volume or pressure of work which case work involves:—

Number of patients assisted under Section 28 of the National Health Service Act (of which 1,463 were new applicants)	2,684
Number of home visits	660
Number of interviews at Health Department	555
Number of interviews on wards at all hospitals ..	3,008

Health Education.—The local authority subscribes to the Central Council for Health Education, and as in previous years posters and leaflets on health matters continued to be displayed and distributed. The journal "Better Health" which is published monthly, is circulated in the welfare centres and clinics.

Posters.—Poster publicity has been utilised on a number of subjects, e.g., Health of mother and child; how to deal with influenza; healthy holidays; the common house fly; clean hands—safe food; don't neglect measles; keep fit all the year. These sets of posters are displayed on five permanent frames situated in different parts of the town.

Exhibition stand.—This transportable stand, introduced by the Central Council for Health Education for indoor display, was again shown at a number of pre-selected sites in the borough as a regular feature of health education work. Sets of material were received from the Central Council for display dealing with such topics as—The work of the health visitor; Care of the feet; Head lice; Care of the teeth; Pasteurised milk; Cafe and canteen hygiene.

Press notices.—Through the good offices of the editor a panel in the local evening newspaper has been placed at the disposal of the department in which regular contributions of general interest to the public appear under the title of Your Health Service.

Talks to adults.—Health education talks on a variety of topics were given by officers of the department as follows: Medical officers (5); almoner (6); mental health worker (2) and chief clerk (1).

1950		*Approximate attendance*
March 22	Women's Voluntary Services	20
March 31	Grimsby health visitors	12
April 5	Townswomen's Guild	30
,, 17	Grimsby and district midwives	25
May 11	M.O.H. Association, East Midland Group ..	30
,, 19	Royal College of Nursing (at Louth)	15
July 14	Women's Standing Committee	20
Sept 27	Grimsby Inner Wheel	30
Oct. 16	St. Augustine Church Fellowship	45
,, 23	Grimsby Co-operative Women's Guild ..	45
Nov. 26	St. Paul's Young People's Fellowship	20
,, 30	Armstrong Secondary Modern Boys School (senior pupils)	10

Lectures given by the Chief Sanitary Inspector.

Food Hygiene.

Jan. 1	School Catering Service	250
Feb. 1-13	Hospital Catering Service (4 lectures)	60
May 23	Bakers Executive Committee	10
May 24	Fruit Traders Association	40
Dec. 18	Nunsthorpe Men's Association	20

Environmental Health Services.

June 21	Scartho Townswomen's Guild	60
Oct. 19	Nunsthorpe Community Centre	18
,, 30	Labour Youth Guild	12
Nov. 15	Scartho Men's Association	50
Dec. 11	St. John's Ambulance Corps	60

Ice Cream Trade.

Jan. 3	District meeting, Ice Cream Alliance	70

DOMESTIC HELP (Section 29).

This service cared for a total of 398 cases in the year, but it should be remembered that many of those cases receive regular help each week. It is essential that old age pensioners should receive regular weekly help, so as to relieve the demand for hospital beds.

The type of case undertaken has not changed in any way—elderly, infirm, chronic sick, maternity, emergency cases etc., all receiving help according to their need.

The number of home helps employed at the end of 1950 was 13 full time and 40 part time, and the cases were made up of 192 maternity, 4 tuberculosis and 202 other cases.

MENTAL HEALTH SERVICE (Section 51).

(i) *Administration.*

(a) The constitution of the Mental Health Sub-Committee is as follows:—11 members of the council and 5 co-opted members having special experience. Meetings are held monthly on the fourth Monday in each month.

(b) One senior and two junior social workers, females, with university qualifications in social science, and two males. The senior female and both male social workers act as duly authorised officers. The Occupation Centre is staffed by a qualified supervisor and three assistant supervisors, one of whom is qualified; two part time male instructors; cook; domestic, and caretaker.

(c) The officers of the local authority supervise patients on trial from mental hospitals and mental deficiency institutions, provide histories and home circumstances reports, and co-operate with the psychiatrists in connection with the weekly clinic held at the Grimsby General Hospital.

(d) There is no voluntary association in this area.

(e) Officers will be sent on courses of training as opportunity offers.

(ii) *Account of work undertaken in the community.*

(a) Patients are referred to the psychiatric clinic mainly by their own doctors, and all are visited before attending the clinic, including patients referred from the County area. Transport, where necessary, is provided by the ambulance service to bring them to the clinic. Patients needing extended follow up visits are nominated by the psychiatrist and extensive case work is sometimes needed on these selected patients. 48 clinics were held during the year at which 121 new patients were seen and in addition there were 217 re-attendances. One point worthy of note in this connection is that more and more patients are being found who have of their own accord asked for psychiatric assistance.

(b) Acute cases under the Mental Treatment Acts are referred to the duly authorised officers by doctors, relatives, officials, employers, or interested friends. The officers visit and, where necessary, arrange immediate admission to hospital for observation or for treatment. Patients seeking admission as voluntary patients frequently refer to this office for help with their home problems before they are admitted to hospital.

(c) (i) Ascertainment of mentally defective children in the community from all sources, including children referred by the education authority, produced 23 patients during the year of whom, on examination, 12 were found to be defective. The most determined and persistent efforts to find vacancies have only resulted in an increase in our waiting list, and 27 were urgently awaiting admission to institutions at the end of the year. As an interim measure it has been necessary to admit 6 patients during the year under Place of Safety Orders. This is recognised as a very undesirable step except for a short term stay, and there is at present no prospect of the majority of these patients being removed,

(c) (ii) There were 41 guardianship cases on the books at the end of the year. The orders on behalf of two patients were varied to institutional care. One patient was discharged from order and one new patient was placed under guardianship. One guardianship patient was licensed to another district. There were 259 patients under statutory supervision. During the year statutory supervision was discontinued in respect of one patient. In spite of the closest co-operation with officials of the Ministry of Labour it is becoming more difficult to place our patiens in work, although a number have been employed after admission to the disablement register. Our warmest thanks are due to this department for their cordial assistance at all times. Aftercare is undertaken on behalf of a number of dull children on leaving school until they reach the age of 18. Housing difficulties present problems with regard to one or two patients and in particular are the grounds for two applications for institutional care.

Licence was granted to 11 patients, 1 of whom was unsatisfactory and returned to the institution. In addition, 3 patients were licensed to hospitals for medical attention.

The Girls' Club, which is used mainly for licence and guardianship patients, continues to service a useful function, and is run by social workers and a member of the Occupation Centre staff. One or two of the girls attending are under statutory supervision, but the majority of the members are employed in domestic work or live at home. There are also one or two girls employed in local factories who come in after the club has started, and tea is always kept for them. In addition to the usual club activities of singing, hand-work and country dancing we are planning table tennis as a new interest. A cook from the centre gives a cookery lesson each month and this seems to be much enjoyed by the girls. A charabanc outing to the seaside in the middle of the summer is proving to be an annual treat for which the girls save up for some time beforehand and at Christmas a party has now become a regular feature of the club and is extremely popular with the members. Amongst the older members the club is obviously part of their normal living and provides an interest comparable with similar activities on the part of other members of the community. Several friendships have emanated from membership, and these older girls would feel very quickly the loss of this regular social life. One or two younger members have again come along during the year.

(iii) There are now 35 patients of both sexes attending the Occupation Centre whose ages range from twenty-five to six years. We have also one woman under guardianship who although over 50 is a happy member of the centre. The woodwork class continues under the direction of one of the duly authorised officers, membership of this class being a much prized privilege, and the physical training class for the older boys has been of great benefit particularly in encouraging an understanding of discipline amongst the older boys and is much appreciated by them. The usual handwork subjects such as knitting, sewing, rug making, toy making, singing and country dancing each occupy their own place in the curriculum.

I. *Particulars of mental defectives as on 1st January,* 1951.

N.B. No case should be entered under more than one heading of (1) or (2) and only "live" cases should be included.

(1) Number of Ascertained Mental Defectives found to be "Subject to be dealt with":—

			M.	F.	T.
(a)	In Institutions (including cases on licence).	(Under 16 years of age)	11	9	20
		(Aged 16 years & over)	85	93	178
(b)	Under Guardianship (including cases on licence)	(Under 16 years of age)	—	1	1
		(Aged 16 years & over)	12	28	40

(c)	In "places of safety"		4	1	5
(d)	Under Statutory Supervision ..	(Under 16 years of age)	32	30	62
	(excluding cases on licence) ..	(Aged 16 years & over)	97	100	197
(e)	Action not yet taken under any one of the above headings		5	5	10
	Total ascertained cases found to be "subject to be dealt with"		246	267	513
	No. of cases awaiting removal to an Institution	M. F. T. 24 3 27			
(2)	Number of mental defectives not at present "Subject to be dealt with" but over whom some form of voluntary supervision is maintained	(Under 16 years of age)	4	1	5
		(Aged 16 years & over)	24	32	56
	Total number of mental defectives (1) plus (2)		274	300	574
(3)	Number of mental defectives receiving Training :—				
(a)	In day training centres ..	(Under 16 years of age)	14	10	24
		(Aged 16 years & over)	8	3	11
(b)	At home		—	—	—
	Total ..		22	13	35

II. *Particulars of cases reported during the year* 1950.

(1)	Ascertainment.			
(a)	Cases reported by Local Education Authorities (Sec. 57, Ed. Act, 1944):—			
	(i) Under Sec. 57(3)	6	6	12
	(ii) Under Sec. 57(5)			
	On leaving special schools	4	—	4
	On leaving ordinary schools	4	7	11
(b)	Other ascertained defectives reported during 1950 and found "subject to be dealt with"	1	1	2
	Total ascertained defectives found to be "subject to be dealt with" during year ..	15	14	29
(c)	Other reported cases ascertained during 1950 who are not at present "subject to be dealt with"	3	5	8
	Total number of cases reported during the year	18	19	37

(2) Disposal of cases reported during the year.

	M.	F.	T.
(a) Ascertained defectives found to be "subject to be dealt with":—			
(i) Admitted to institutions	—	—	—
(ii) Placed under guardianship	—	—	—
(iii) Taken to "places of safety"	—	—	—
(iv) Placed under statutory supervision	15	14	29
(v) Died or removed from area	—	—	—
(vi) Action not yet taken	—	—	—
Total ascertained defectives found to be "subject to be dealt with"	15	14	29
(b) Cases not at present subject to be dealt with:—			
(i) Placed under voluntary supervision	—	—	—
(ii) Later found not to be defective ..	1	—	1
(iii) Died or removed from area ..	—	1	1
(iv) Action unnecessary	—	—	—
(v) Action not yet taken	2	4	6
Total cases not at present "subject to be dealt with"	3	5	8

III. Number of mental defectives in institutions under community care including voluntary supervision or in "Places of Safety" on 1st January, 1951, who have ceased to be under any of these forms of care in 1950.

(a) Ceased to be under care	7	10	17
(b) Died, removed from area, or lost sight of	3	7	10
Total	10	17	27

IV. Of the total number of mental defectives known to the local authority

(a) Number who have given birth to children during 1950:—

(i) After marriage 8

(ii) While unmarried .. .. .. —

(b) Number who have married during 1950 Males 1, females 5

V.—SANITARY CIRCUMSTANCES.

Mr. Harold Parkinson, Chief Sanitary Inspector, has compiled this section of the report.

Water Supply.—The supply provided throughout the Borough by the Grimsby, Cleethorpes and District Water Board was satisfactory in quality and quantity.

On no occasion was there ground for complaint after 27 routine examinations for bacteriological and chemical content of the town's water. Specimen reports are set out below.

The occupants of about 5,000 houses obtain their supplies from stand pipes in common or private back yards.

Early in 1950 an inspector from the office of H.M. Geological Survey made a full survey of the private bore holes used for water supplies in the Borough, paying particular attention to the possibility of infiltration of sea water into the wells.

Report by Public Analyst on chemical analysis of sample of Town's Water 24.8.1950.

Physical Characters

Suspended matter	none
Appearance of a column 2 ft. long	clear : colourless
Taste	normal
Odour	none

Chemical Examination.

	Parts per 1,000,000
Total solids dried at 180°C.	340.0
Chlorides in terms of Chlorine	21.5
Equivalent to Sodium Chloride	37.1
Nitrates	none
Nitrates as Nitrogen	3.50
Poisonous Metals (Lead, etc.)	none
Total Hardness	258.0
Temporary Hardness	231.0
Permanent Hardness	27.0
Oxygen absorbed in 4 hours at 80°F.	0.36
Ammoniacal Nitrogen	0.006
Albuminoid Nitrogen	0.016
Free Chlorine	none
pH Value	7.6

Remarks :—Satisfactory.

HUGH CHILDS.
Public Analyst.

Report on a sample of Town's Water submitted for Bacteriological Examination — 7-12-1950.

Plate Count.	3 days at 22°C. aerobically NONE per ml.
	2 days at 37°C. areobically NONE per ml.
Coliform Test	Probable number of Coliform Bacilli NONE per 100 ml.
Cl. Welchii	Cl. Welchii NONE present in 50 ml. of sample.

FRANK HAMPSON,
Director of Pathological Services.

Drainage and Sewerage.—The 1932 report contains details of the main sewerage system, improvements in the system have been reported in subsequent Annual Reports.

A scheme was prepared for the culverting of the open dykes in the Marshall Avenue and Littlefield Lane area and the work is expected to be completed in 1951.

Rivers and Streams.—The River Freshney is the only stream in the Borough, although the district is interlaced by dykes.

Closet Accommodation.—Comparatively few premises in the Borough were without water closets and these houses were in the outlying districts which were still unsewered.

Public Cleansing.—The main method of disposal was controlled tipping—but suitable sites within the Borough for this method to be employed are becoming more difficult to obtain. There is no Corporation incinerator in the Borough.

The Corporation's scheme under Section 75 of the Public Health Act 1936 for the renewal of defective ashbins at houses become operative in April 1950 and worked quite satisfactorily. 1,498 bins were supplied under this scheme.

Mr. R. C. Birch, Cleansing Superintendent, has supplied the following information:—

29,533 tons of domestic and trade refuse were collected in 1950 and 26 tons of privy midden refuse was used on agricultural land.

£13,506 11s. 10d. were obtained for 2,604 tons of salvaged materials, including 1,474½ tons of waste paper and 771 tons of food scraps, the latter being used for animal feeding.

Sanitary Inspections.

Accumulations	190	Animals	44
Ashbins	48	Caravans	22
Complaints received and investigated	2625	Dirty houses and persons	266
Drain tests	150	Drainage	3840
Infectious disease enquiries	755	Factories and outworkers	644
Offensive smells	98	Lodging houses	53
Passages and yards	1336	Miscellaneous matters	1902
Public conveniences	40	Offensive trades	74
Rooms disinfected after infectious disease	95	Piggeries and stables	598
Water supply	76	Rats and mice	444
		Smoke observations	48
		Verminous premises	150

Housing.

Houses, defects and nuisances (Public Health Act)	1018
Houses (Housing Act)	6407
Overcrowding (Housing Act)	93

Notices.

Informal notices served	1836
Statutory notices served	1212

(403—Housing Act. 786—Public Health Acts. 11—Corporation Bye-Laws. 6—Factories Act. 3—Food and Drugs Act. 2—Shops Acts. 1—Rats and Mice Act).

Work in default was carried out by the Corporation at the cost of the owners in respect of 689 notices.

Defects remedied and nuisances abated included:—

Accumulations cleared	26	Animals (nuisances abated)	4
Ashbins provided	123	Chimney repairs	135
Doors and frames renewed or repaired	342	Drains cleared (involving 4,632 houses)	992
Drain repairs	190	Drain and inspection chambers (new)	6
Eavesgutters new and repaired	561	Fireplace and range repairs	423
Floor repairs or renewals	535	Handrails provided and refixed	30
Houses cleansed	11	Passages paved and repaired	36
Offensive smells abated	11	Rain water pipe repairs and renewals	230
Plaster repairs	1174	Stairway repairs	29
Roof repairs	775	Washboiler repairs and renewals	112
Sink and pipe repairs	34		
Wall repairs	161		
Window repairs	470		

Yard walls and gates repaired	5	Water closet repairs ..	478
Yards repaired and repaved	176	Waterpipes and taps repaired	70

Offensive Trades.

Fat melters	4
Fish curers	36
Fish meal maker	1
Gut scraper	1
Hide and skin dealers	2
Rag and bone dealers	4
Tripe dressers	4

Progress cannot be reported in connection with the development of the Orwell Street site to enable the fish curing businesses to be transferred from the residential parts of the town. The provision of alternative housing accommodation by the Corporation continued to be the great obstacle preventing progress.

Rat Repression.—The Corporation employed three rat catchers who practiced modern methods for the extermination of rats. Block control was attempted where circumstances permitted. From the work involved it would appear that the breeding season of rats was prolonged considerably because of the long period of mild weather up to the end of the year.

The sewers received periodic treatment and as was expected the sewers in the older parts of the town near the docks and the river side showed the heaviest infestations, although these were not comparable with the severe infestations when sewer treatments were first started a few years ago.

One shopkeeper was prosecuted and fined for failing to report the presence of an extensive rat infestation in his food shop. The contaminated food was seized and condemned by a Justice.

Experience gained in previous years was again confirmed, that the keeping of pigs and poultry encourages rat infestations amongst dwellings, particularly in the more thickly populated parts of the town. No doubt the owners of the livestock set out with the best of intentions, but invariably there is a marked deterioration in the conditions after a short time followed by the customary complaints about rats.

Eradication of Vermin.—The use of D.D.T. spray continues to be successful in clearing bug and flea infestation—only very rarely had the Corporation disinfector to make a return visit after the initial spraying.

The vermin infestations treated during the year were:—
Bugs 67 , fleas 17, cockroaches 15, flies 2 and lice 2 (three council houses involved).

Help was given in the eradication of insects at 38 other premises for ants (13) wasps (2) and woodworm (23).

Atmospheric Pollution.—The monthly examinations of the deposit from the guage at 1, Bargate showed the average weight of solid pollution to be 9 tons per square mile. The lowest weight being recorded for June—5.20 tons and the highest in July—15.90.

It was hoped to establish an additional station in another part of the town during the year. A suitable site was available, but from experience gained from a previous venture the instruments could not be set up for fear of wilful damage by irresponsible youths—a sad reflection on present times.

Complaints were received about another form of atmospheric pollution, probably not as detrimental to health, which was not measured by the deposit gauge but by the human nose—i.e. offensive smells airborne from the fish meal works at Pyewipe. These smells were particularly bad when the wind was blowing from the river over the Borough and visitors to Grimsby and district at such times would receive a bad impression of the Borough.

These smells can only be minimised by using efficient and adequate plant, free from overloading, and the constant use of efficient condensers.

Factories Act.—The statistical report is set out in the appendix. Co-operation continued with the local H.M. Inspector of Factories and the Borough Engineer.

Public Swimming Baths.—In the late summer and autumn the chlorine dosage of the water was doubled when cases of poliomyelitis were occurring in the Borough.

Regularly samples were taken and examined throughout the season—all with satisfactory results.

Schools—*Sanitary arrangements in schools.*

Details of the full survey are in the 1948 report and in addition to last year's improvements the only improvement in the sanitary accommodation at schools during the year was carried out at Welholme School.

Boys (*Junior and Senior*).—The trough closets were abolished and a block of ten pedestal water closets with separate compartments each fitted with doors and fasteners provided. Two sizes of basins were fitted.

The former urinal was abolished and replaced by 19 white glazed stalls complete with three automatic flushing cisterns.

Boys (*Infants*). The trough closets were abolished and six separate pedestal basins 11″ high fixed in separate compartments each closet being provided with door and flushing apparatus.

The former insanitary urinal was replaced by eight white glazed stalls and provided with two automatic flushing cisterns.

Girls (*Senior and Junior*). The insanitary trough closets were abolished and replaced by a block of sixteen pedestal water closets, each compartment fitted with door and fasteners. The pedestal basins fitted were of two heights, 16″ and 14″.

A cubical fitted with a full size door containing one wash basin with hot and cold water and one "Sani-bin" for the storage of used sanitary towels was provided for the elder girls.

Girls (Infants). Eight pedestal water closet basins fixed in separate compartments with individual flushing apparatus.

Municipal Wash-House.—The consideration of this project was deferred for one year.

Aged Persons.—The application of Section 47 of the National Assistance Act proved to be cumbersome in practice—particularly when it was necessary to deal with urgent cases. Only with difficulty and delay were arrangements made for the admission to the Scartho Road Infirmary of persons requiring care and attention.

The need for the completion of the projects contemplated by the Town Council in connection with the care of aged people cannot be stressed too strongly.

The sanitary inspectors referred 11 cases and the Almoner one case for consideration. Certificates under Section 47 were issued concerning six persons and in two instances applications for removal had to be made in Court.

Public Conveniences.—Two new public conveniences were opened for the use of men and women in the Old Market Place. The closing of the obsolete and insanitary men's urinals near the Corn Exchange and the Haven met with the general approval of the citizens.

Schemes for new public conveniences at Scartho and South Parade were in preparation at the end of the year.

Places of Entertainment.—Following the adoption of definite standards for sanitary accommodation etc., improvements made at 5 cinemas and 1 theatre included the provision of 5 additional water closets and one urinal.

Three premises were completely re-decorated. Further schemes of improvement had been approved and were in progress at the year end.

Tests and observations made when dances were in progress resulted in improved methods of ventilation being adopted at one public hall.

VI.—HOUSING.

The Chief Sanitary Inspector has prepared this section of the report:—

New Houses.—413 erected in the Borough in 1950.

15 demolished in the Borough in 1950.

Unfit Houses.

(a) *Slum Clearance.* The remaining four houses on the Eastgate Area were demolished and the site cleared.

(b) *Individual Unfit Houses.* Members of the Housing Committee visited the first batch of unfit houses represented under Section 13. It is understood that because of the shortage of houses and future commitments of Reconstruction Area in re-housing the tenants in municipal houses the Committee members were only prepared to proceed with two of the representations.

(c) *Town and Country Planning Act* 1947. *Declaration of Unfitness Order.* In the Victoria Street (No. 1) Compulsory Purchase Order—157 houses were represented as unfit and the Minister decided to hold a Public Inquiry in February 1951.

Housing Repairs.—Again this year, house to house inspections and extensive re-conditioning were not undertaken; only essential repairs were dealt with under Section 9 of the Housing Act and then only after complaint.

Only a few owner/occupiers applied for the grants for improving their houses under the Housing Act 1949. Not one owner who lets houses applied for a grant under this Act.

Overcrowding.—When houses were found to be badly overcrowded the facts were brought to the notice of the Housing Manager, but if the sub tenants, (usually married sons and daughters and their young families), had only recently applied for a Council house, the prospects of them becoming Corporation tenants were remote, as the Council, through the Housing Committee decided that, except in very extenuating circumstances, only applications which had been submitted before 1948 would be considered. Tubercular patients needing better housing conditions were considered irrespective of this ruling.

Small Dwellings Acquisition Act.—The Chief Sanitary Inspector issued reports and certificates relating to 55 houses.

VII.—INSPECTION AND SUPERVISION OF FOOD.

The Chief Sanitary Inspector is responsible for this section of the work:—

Inspections.

Bakehouses	128	Cowsheds	Nil
Dairies and milk vendors	452	Fish curers	212
Fish shops	56	Food preparers	159
Fried fish shops	205	Green grocers	71
Grocers	130	Ice cream makers and vendors premises	596
Markets	312	Restaurants, cafes	94
Meat shops and stores	361	Slaughterhouses	2083
Other matters	208		

Milk Supply.

Registrations and Licences.

Wholesalers of milk 4

Retail purveyors of milk 330
(including 25 dairymen with premises in Grimsby and 11 dairymen with premises outside the Borough and 294 bottled milk vendors).

Licensed pasteurisers of milk 3 (2 high temperature short time process and 1 holder plant).

Supplementary licences for sale of pasteurised milk	11
Supplementary licences for sale of tuberculin tested milk	1
Licences to use the designation tuberculin tested (pasteurised) milk	3
Supplementary licences to sell tuberculin tested (pasteurised) milk	2
Licences to produce sterilised milk	2
Licences to sell sterilised milk	294

As in several years past, every separate source of milk supply was sampled at least once a month—oftener when circumstances demanded, and examined for the presence of tubercular organisms and the prescribed statutory bacteriological tests were also made.

The results of these tests are set out below:—

Tuberculin Tested Milk—2 samples complied with terms of licence.

Tuberculin Tested (Pasteurised) Milk—32 samples complied with terms of licence.

Pasteurised Milk—96 samples complied with terms of licence.
4 samples failed to comply with terms of licence (3 Methylene Blue, 1 Phosphatase Test).

Sterilised Milk—23 samples complied with terms of licence.

Raw Milk.—124 samples were taken and 101 attained the standard of tuberculin tested milk as far as cleanliness was concerned.

On the certificate of the Medical Officer of Health, the Education Committee stopped the supply of pasteurised milk from one firm, because of the presence of faecal b.coli in repeated samples of their milk taken at certain schools.

Biological tests of 112 samples of raw milk, 2 of tuberculin tested milk, 29 of tuberculin tested (pasteurised) milk, 99 of pasteurised milk and 23 sterilised milk were all negative.

4 samples of dried milk and 3 of milk curd were also subjected to biological tests with negative results.

One calf affected with congenital tuberculosis was found during meat inspection in one of the slaughterhouses and the Divisional Veterinary Surgeon of the Ministry of Agriculture and Fisheries was notified accordingly. Later the dam of the calf was taken from the milk herd and slaughtered.

Meat and Food Inspection.—The increase in the number of animals slaughtered in 1950 aggravated the already totally inadequate conditions and facilities in the four former private slaughterhouses used in the Borough. Meat inspection was carried out under great difficulties. The provision of a public abattoir for the needs of Grimsby, Cleethorpes and surrounding rural districts still continues to be a prime necessity not only so that there can be considerable improvements in lairage accommodation, methods of slaughter, handling of meat, sterilisation of equipment, storage and disposal of by products and refuse, but for meat inspection to be carried out in adequate light, both natural and artificial, and with sufficient space for the free movement of carcases and offals.

The only progress in the establishment of the public abattoir by the Grimsby Town Council, as authorised by the Ministry of Food, was the acquisition of land for grazing purposes.

The carcases and offals of 27,483 animals slaughtered were examined by the sanitary inspectors (all of whom were qualified meat inspectors). It was not possible for the Ministry of Food to organise the killing and distribution services so as to minimise the night and week end duties of the inspectors.

Tabulated details are set out below:—

Carcases inspected and Condemned.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	4,742	2,403	1,040	18,484	814
Number inspected ...	4,742	2,403	1,040	18,484	814
All diseases except tuberculosis. Whole carcases condemned. ...	11	14	3	79	5
Carcases of which some part or organ was condemned	2,669	1,504	14	3,106	329
Percentage of the number inspected affected with disease other than tuberculosis	56.5%	63.2%	1.6%	17.2%	41.0%
Tuberculosis only. Whole carcases condemned ...	33	88	2	2	13
Carcases of which some part or organ was condemned.	891	1,052	—	—	151
Percentage of the number inspected affected with tuberculosis	19.5%	51.6%	0.2%	0.001%	20 2%

Diseases and other conditions found included:—

Abscesses, actinomycosis, angioma, arthritis, cirrhosis, bruising, cysts (various types), distoma, dropsy, emphysema, emaciation, enteritis, fatty degeneration, fever, infarcts, immaturity, Johnes disease, leukaemia, mastitis, melanosis, necrosis, nephritis, parasites (various), pentastomes, pericarditis, peritonitis, pleurisy, pneumonia, pyaemia, septicaemia, septic metritis, sourness, tumours and uraemia.

Weight of meat condemned—125 tons, 16 cwts, 2 qrts, 7 lbs.

Cysticercus Bovis.—67 cases of infested beef found by the meat inspectors were confirmed by histological examinations. The customary procedure of storing carcases and offals in the cold store at below 20°F. for 21 days continued. Then the carcases were cut butcher fashion for further examination before decisions were made as to condemnations.

Central Meat Depot.—All meat dressed outside the Borough and brought to the depot was examined before distribution to the shops and as a result 6 cwts. 2 qrts. 24 lbs. of meat were condemned.

Other meat condemned in the store amounted to 4 tons 18 cwts. 17½ lbs. including 12 cwt. 1 qrt. 23 lbs. of tinned meat.

Horse Flesh.—88 carcases and sets of offal were brought to the only horse flesh shop in the Borough from the Grimsby R.D.C. After examination 7 kidneys, 2 livers and 1 tongue were found to be diseased and condemned.

Stores and Shops.—Details of the various foods examined and found to be unfit were:—

1202	cans vegetables	84	lbs. nut paste
1188	cans vegetables, fruit etc. baby food	4	lbs. oatmeal
		114	lbs. powdered soup
3500	cans milk	23	lbs. pork sausages
968	cans meat	172	lbs. pressed pork
760	cans tomatoes	6½	lbs. pressed beef
880	cans fruit	10	lbs. pork and veal
918	cans preserves	3	lbs. pressed veal
699	cans fish	97	lbs. mixed peel
115	cans soup	120	lbs. peas
128	cans fruit juice	112	lbs. almonds
59	cans tomato juice	138	lbs. monkey nuts
57	jars fish paste	16	lbs. oxo cubes
140	jars meat paste	2	lbs. rice
30	jars pickles	50	lbs. walnuts
371	jars sandwich spread	107	lbs. tapioca
4	jars chutney	90	lbs. sugar
2	jars mint sauce	80	lbs. tomatoes
378	bottles sauce	240	lbs. mussels
304	bottles salad cream	3	puddings

12	bottles lime essence	3	Xmas puddings
3	bottles orange squash	1	gallon soused herrings
132	bottles mayonnaise	1	gallon gravy browning
4	bottles coffee	½	barrel herrings
1	bottle bovril	1	barrel pigs maws
72	bottles ginger beer extract	6	packets dried milk
30	lbs. prunes	3	packets barley
93½	lbs. butter	21	packets cake flour
2	lbs. lemon butter	4	packets corn flour
18	lbs. peanut butter	3	packets soup powder
301½	lbs. cheese	12	packets figs
388	lbs. confectionery	1	packet puffed wheat
7	lbs. cocoa	6	packets suet
18	lbs. beef sausages	28	packets pudding mixture
7	lbs. brawn	16	dozen eggs
46	lbs. biscuits	72	packets lemonade extract
215¾	lbs. bacon	6	bags figs
406	lbs. dripping	5	bread loaves
13¼	lbs. curry powder	6	chickens
36½	lbs. dressed chicken	42	ham pats
52	lbs. cream cake	28	rabbits
1	lb. chocolate spread	1	jam roll
306	lbs. frozen eggs	3	meat pies
102½	lbs. ham	2	beast tripes
½	lb. haslet	3	tins mustard
4	lbs. honey	4	lbs. luncheon meat
5	tins nescafe	2	tins dried egg
2	lbs. lemon crystals	9	tins milk powder
44	lbs. liquid egg	121	packets dates
16½	lbs. fruit cake	208	crumpets
227	lbs. flour		Fish roe 2 cwts. 4 lbs.
26	lbs. goose meat		Fish 2 tons 7 cwts. 2 qrts. 22 lbs.
28	lbs. margarine		
2	lbs. meat roll		

Weight—9 tons 10 cwts. 1 qrt. 7 lbs.

Total weight of all diseased meat and unsound food was 135 tons 6 cwts. 3 qrts. 14 lbs.

Disposal of Unsound Food.—The Ministry of Food made arrangements for the disposal of most of the diseased meat to a meat and bone meal maker at Killingholme and the remainder was taken to a factory at Bardney. Other unsound foods unsuitable for animal feeding were buried on Corporation refuse tips.

Transport of Meat.—There was still need for improvement in the cartage and handling of meat, and these matters were brought to the attention of the contractors, the officers of the transport organisation employed by the Ministry of Food, officials of the Ministry of Food and members of the Sanitary Sub-Committee and yet apart from the diminution in the use of horse drawn vehicles there was little change in the general conditions.

Food Hygiene.—During the year there appeared to be a slight quickening in the interest of the general public about clean food. A few traders, discerning this trend, carried out improvements voluntarily—others only reluctantly attempted to improve their standards and methods—in some cases only under pressure of notices. Experience teaches that only very slowly does the realisation of the necessity of more cleanly methods in food handling dawn upon those who have been accustomed to handling food carelessly for years.

The sanitary inspectors soon learnt that work in educating the food handler needed patience, tact and perseverance to offset despair and exasperation. The full support of all the Members of the Town Council in this work is imperative if this campaign is to succeed.

The Chief Sanitary Inspector spoke at meetings of bakery and fruit trade associations, hospital catering staffs, school meal service workers, towns womens guilds, mens associations and members of the Ice Cream Alliance on food hygiene.

Markets.—The application of the existing byelaws to food exposed to contamination in the open air on market stalls received attention. The stall holders showed reluctance in adapting their stalls to meet the requirements of byelaws, so the Sanitary Sub-Committee agreed for specimen full size display cases, designed by the Chief Sanitary Inspector, made of resin bonded plywood and perspex to be constructed and purchased. These cases were exhibited so that stall holders could examine, criticise, improve and adapt according to their special needs. At the end of the year the majority of the stall holders had not complied with the byelaws and the Council authorised legal proceedings to be taken against two persons as test cases.

Byelaws.—The adoption of the latest model byelaws was postponed as the Council considered that the requirements of the existing byelaws should first receive full compliance.

Food Poisoning.—Although the number of cases increased from 7 in 1949 to 17 in 1950, fortunately not one proved to be fatal.

In February a young child was admitted to a local hospital, and in March, quite by chance it was discovered to have been ill from food poisoning; salmonella typhi-murium organisms being in his faeces. Enquiries revealed that the family had French tinned chopped pork during a meal, but only this child in the family was ill following the meal. Three relatives living at another house had diarrhoea after eating similar meat from the same shop on the same day.

Investigations did not reveal the source of contamination; prompt notification would probably have enabled the Corporation's officers to discover the cause of the trouble.

During late summer 3 cases of severe poisoning were reported and prompt enquiries revealed 3 further cases caused by the same infected chicken broth. Thorough investigations including bacteriological examin-

ation of blood and faeces of patients, other members of the family and butchers supplying the meat, revealed that the person who had prepared the meal was a carrier of salmonella typhi-murium.

For the first time on record in Grimsby a case of food poisoning occurred from eating infected bread—again the case was not notified—but exhaustive enquiries proved it to be of some significance both in public health and trade circles.

A brief history is as follows:—

A housewife bought a loaf and the husband cut into the new loaf next morning to make sandwiches for his lunch, and after cutting several slices he cut into a piece of bandage which was embedded in the loaf. Wisely he left a note for his sleeping family that they must not use the bread, which advice they accepted, but unwisely he used the slices which he had already cut previous to his discovery and some hours later he was ill at work. His family doctor confirmed the case of food poisoning on enquiry, after the wife had complained and brought the loaf to the Health Offices.

Bacteriological examination of the bread and bandage revealed the presence of staphylococcus aureus. To avoid possible external contamination plugs of bread and bits of bandage were taken from the interior of the uncut portion of the loaf. The bread concerned was a standard well baked large loaf.

The research branch of the bakery trade were informed and at their request samples of the loaf were sent to the laboratory and from the ensuing correspondence it appears that another field of research has developed.

Enquiries made at the bakehouse indicated that a male dough mixer had a boil on his wrist at the time the loaf was made.

Late in the year there were 7 cases of diarrhoea and vomiting attributed to the eating of pressed beef but is was not possible to isolate the causal organism, either in the food or the patients, and the food preparers and handlers. Exhaustive bacteriological examinations of faeces, blood and swabs of the food preparers were all negative, although one of the workers had suffered gastric upsets since war service in the Near East and Ceylon.

Ice Cream.—Registered premises for making and sale of ice cream 28
Registered premises for sale of ice cream—260.

The fat content of six samples taken for chemical analysis varied from 6.25% to 11.27%.

267 samples were submitted for bacteriological examinations with the following results:—

Methylene Blue Test	No.	Pre-packed	From Bulk	Faecal B. Coli present	Non-faecal B. Coli present	Made in Grimsby	Made outside Borough
Grade I	189	109	80	8	42	89	100
Grade II	40	25	15	1	20	17	23
Grade III	21	13	8	3	9	10	11
Grade IV	17	9	8	—	8	6	11
Totals	267	156	111	12	79	122	145

34.0% of all samples contained B. Coli (1949 44%).

14.2% of all samples were in Grades III and IV (1949 37.6%).

The presence of faecal B. Coli in 12 samples was most unsatisfactory and disconcerting. The samples were in some instances pre-wrapped and in others taken from bulk. When the ice cream came from other towns the authorities concerned were notified and in the Grimsby cases the makers were interviewed by the Sanitary Committee and warned that their future samples must be free from these potentially dangerous bacteria, otherwise the registrations would be in jeopardy.

Again it is necessary to observe that the Methylene Blue Tests and the provisional grading without the B. Coli test do not appear to provide conclusive evidence that the ice cream is bacteriologically satisfactory.

The sanitary inspectors continued the customary practice of investigating the causes of bad results of samples—going through the processes and methods stage by stage and then advising the makers as to the remedies and precautions necessary.

An interesting fact, is that when non-faecal B. Coli had been found in ice cream—and later when arrangements for sterilising equipment and utensils were made fully effective future samples were free from these bacteria.

The recommendations about licensing etc., and a definite bacteriological standard for ice cream made by the Medical Officer of Health and the Chief Sanitary Inspector in a report to the Town Council in 1949, a summary of which appeared in last year's report still require implementing by national legislation.

Following the publicity of last year's adverse report on ice cream, at the invitation of the Ice Cream Alliance County Committee, the Chief Sanitary Inspector addressed a meeting of their members about ice cream and the public health.

Samples of Food and Drugs.—During the year 286 samples were obtained (93 formal and 193 informal) and the Public Analyst reported 40 (14%) to be unsatisfactory.

The 246 genuine samples included:—

Adrenalin cream 1, ale 1, almonds 1, baking powder 2, beef dripping 1, beef stew (tinned) 1, bicarbonate of soda 1, black pudding 1, blood purifying mixture 1, brandy 1, brawn 1, bread 2, butter 3, calcium lactate tablets 1, carrots (tinned) 1, castor oil 1, cheese 1, cherry cough mixture 1, chicken brawn 1, Christmas pudding 2, cider 2, cod liver oil 2, coffee 2, condensed milk 3, cooking fat 1, corned beef 3, corn flour 1, curd 4, custard powder 1, desiccated coconut 2, doughnuts 2, dressed crab 1, dried milk 4, dripping 1, fat 1, fish cakes 13, gee's linctus 2, gelatine 2, ginger beer 1, glace cherries 1, glucose tablets 1, glycerine 2, glycerine of thymol 1, ground almonds 2, ground rice 2, halibut liver oil 1, haslett 2, ice cream 6, jam 1, jam tarts 1, jelly 1, lard 1, lemon curd 2, liquorice and chlorodyne 1, lobster (tinned) 1, malt vinegar 2, marzipan mixture 1, margarine 2, milk 79, milk cheese 1, milk whipping compound 1, mincemeat 2, mint in vinegar 1, mixed peel 1, non-alcoholic wine 1, olive oil 2, orange squash 1, peanut butter 1, peas (tinned) 2, pepper 3, piccalilli 1, pickled red cabbage 2, pineapple squash 1, pork sausage 2, potato crisps 8, potted meat 2, pressed beef 2, Russian salade 1, rum 1, saccharine tablets 2, salad cream 2, salted fish 2, sausages 3, self raising flour 1, semolina 1, shredded beef suet 1, smoked fish fillets 3, sodium citrate tablets 1, starch reduced bread 1, stout 1, teaseed oil 1, thyroid tablets 1, tincture of iodine 2, tripe 1, tomato ketchup 1, whisky 1, white crown essence 1.

The unsatisfactory samples were:—

1 informal sample of milk curd contained 0.08% boric acid. Formal sample taken later—genuine.

1 informal sample of ginger beer—submitted from an adjoining aerodrome several days after purchase had been made—Public Analyst reported that bottle contained weak sewage. Formal sample taken at factory immediately after complaint satisfactory.

The reader's imagination may provide the clue to the complaint.

1 informal sample of doughnut contained mineral oil (0.84%). Later formal sample—genuine.

1 informal sample of smoked fish fillet contained 96 parts per million SO2. Official sample taken later—genuine.

1 informal sample of crystalised fruits contained 500 parts per million SO2. Lindsey County Council sampling Officer informed as trader received supplies from a merchant in Lindsey.

1 informal sample of sugar contained 0.05% of grit—Analyst comments "probably from sack".

1 informal sample of lard—wrongly described as lard, should have been described as "lard substitute". Later formal sample—genuine.

1 informal sample of liquorice and chlorodyne substitute. Analyst reported the presence of 0.05% morphine and small amount of hydrocyanic acid. Further proceedings pending in 1951.
1 informal sample of fine ruby British wine (Port style) was found to be slightly deficient in proof spirit.

Milk.—31 samples of milk were found not to be up to the standard prescribed by the Sale of Milk Regulations.

In eight instances the "follow up" samples were genuine.

The samples from one large herd were found to be both deficient in milk fat and non-fatty solids. The "appeal to cow" samples were also below standard and the producer was advised to improve his herd. Later samples were genuine.

The remaining defective samples concerned milk supplied by another large farmer and "appeal to cow" samples proved that had the herd's supply been properly mixed and bulked before distribution the milk would have reached the prescribed standards. The producer concerned was advised about this necessity.

Public Health (Condensed) Milk Regulations.—Three tins of condensed milk examined by the Public Analyst were found to be genuine.

Public Health (Dried) Milk Regulations.—The Public Analyst reported that four samples of dried milk were satisfactory.

Bacteriological examination reports of these samples were also satisfactory.

Public Health Preservatives etc. in Food Regulations.—After examinations of all food samples there were three breaches of the Regulations as mentioned in the paragraph on food and drugs samples.

Chemical Analyses.—Mr. Hugh Childs, B.Sc., F.R.I.C. the Public Analyst of 67 Surrey Street, Sheffield, carried out the necessary examinations.

Bacteriological, histological and biological examinations.—Dr. Frank Hampson, Director of the Area Pathological Services, was responsible for this work.

Fertilisers and Feeding Stuffs.—6 samples of fertilisers and 7 samples of feeding stuffs were examined by the Agricultural Analyst (Mr. H. Childs, B.Sc., F.R.I.C.)

The satisfactory samples were:—

White fish meal	1
National Growmore fertiliser ..	1
Pig food	3
Cattle food	1
Bone meal	1
Sulphate of potash	1

The unsatisfactory samples were:—

Two samples of balancer meal had deficiencies in albuminoids, and further, the producer/retailer marked the statutory statements in terms of maximum and minimum percentages. The Ministry of Agriculture and Fisheries officials were consulted about taking legal proceedings, but this course of action was not encouraged.

One sample of potato fertiliser had a slight deficiency in potash.

Two samples of specially prepared garden lime were found to be deficient in calcium hydroxide. The inspector of the district in which the lime had been produced and packed, was notified about the unsatisfactory result.

VIII.—MISCELLANEOUS.

Blind persons.—At the end of the year the number of blind persons in the borough was 171 (males 89 and females 82). During the year the ophthalmic surgeon made 40 examinations as a result of which 32 persons were registered as blind. The remaining eight persons were registered as defective eyesight cases.

Laboratory facilities.—The examination of specimens is carried out in the laboratory established at the Grimsby General Hospital. A total of 1,740 specimens were sent by the health department for examination in 1950.

IX.—SCHOOL HEALTH SERVICE.

Report of the School Medical Officer.

FOR THE YEAR 1950.

To the Chairman and Members of the Education Committee.

I have pleasure in presenting my eleventh annual report in respect of the school health service for 1950.

The health of the school population remains very satisfactory and there have been no serious epidemics.

It has not been possible to amalgamate the nursing and clerical staff of the school health service with those of the health service. There is some overlapping and it mitigates against recruitment of certain categories.

It will be seen from the body of the report that the local education authority are gradually replacing the defective sanitary accommodation at many of the schools, but there is a considerable amount still to be done.

During the year some progress has been made: (1) the appointment of a consultant ophthalmologist has done a great deal to make up the leeway in this respect: (2) the child guidance clinic, although its function is mainly educational rather than medical, is slowly gaining the confidence of the parents and medical profession, and the report of the speech therapist in the body of this report will be of interest to those not previously familiar with the work; (3) it was our good fortune that Dr. J. W. Brown, although giving up his local hospital appointments to take up a regional cardiologist appointment in Sheffield, indicated his intention of continuing to supervise the rheumatic and cardiac clinic associated with the school health service; (4) at the end of the year there was still a shortage of medical officers to cope with the extra work, but it was hoped that when the arbitration award was announced it would be possible to remedy this.

The one great set-back which has not been repaired is that relating to the school dental service; the work of years has been thrown away and a legacy of work for the dental profession among adults is being slowly built up. It has

been necessary to restrict the emergency work carried out by the only full-time dental officer to two sessions a week in order that there may be provision for some degree of routine dental inspection and conservative treatment.

As usual I should like to close these introductory remarks by thanking the Chairman and members of the Education Welfare Sub-Committee for the keen interest they have displayed in all branches of the work, and to the Director and his staff and to the head teachers for their willing co-operation.

JAMES A. KERR,

School Medical Officer.

Health Department,
St. James House,
Bargate, Grimsby.

July, 1950.

GRIMSBY EDUCATION COMMITTEE.

Chairman—Councillor H. D. Mitchell.

Deputy-Chairman—Councillor R. Bateson.

Director of Education—
Dr. R. E. RICHARDSON, M.Sc.

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Mr. A. COLLINSON,
Mr. S. NEAL,
Mrs. N. TROUGHT,

STAFF OF SCHOOL HEALTH SERVICE.

Medical Officer of Health and School Medical Officer—
JAMES A. KERR, V.R.D., B.Sc., M.D., D.P.H.

Assistant School Medical Officers—
P. I. ATKINSON, M.B.
Miss G. K. BIRCHENOUGH, M.R.C.S., L.R.C.P., D.P.H.

Senior Dental Officer—
D. W. HUNT, L.D.S., R.C.S., (Eng.)

School Nurses—
Miss C. M. LORD, (*Superintendent*)

Nurses—A. ABBEY, H. M. SCARLETT, A. C. NICHOLSON, F. J. WYATT, J. MARSH (appointed full-time January 1950.) E. HEWSON.

Part-Time Nurses—S. CHAPMAN, M. MAULTBY.

Dental Staff—
Miss R. HENFREY, Mrs. O. BABINGTON,
Miss B. SMITH, (resigned March, 1950.) Miss M. BALDRY.

Clerical Staff—
Miss A. ROBERTS, Miss J. ROBINSON, Miss L. BAILEY.

Mental Welfare Visitor—
Miss E. M. WOULD.

Co-ordination.—Unfortunately the staffs of health visitors and school nurses have not yet been fused into one co-ordinated unit. This is due to a variety of reasons, inadequate office accommodation, school nurses without health visitors' qualifications, etc. The only real connecting link is the superintendent school nurse, who is also superintendent health visitor. One great difficulty due to separate clerical staffs, separate offices, etc. is the proper assimilation of records. For example, the school nurses should be fully briefed about those toddlers who have defects for which treatment has not been provided, and this information should be gleaned from the health visitors' record cards 3 to 6 months before the child is due to enter school. The present dichotomy is an additional factor in the difficulty in staffing the health department with an adequate number of health visitors.

Sanitary arrangements in schools.—The only improvement in the sanitary accommodation at schools during the year was carried out at Welholme School.

Boys (*Junior and Senior*).—The trough closets were abolished and a block of ten pedestal water closets with separate compartments, each fitted with doors and fasteners, provided. Two sizes of basins were fitted.

The former urinal was abolished and replaced by 19 white glazed stalls complete with three automatic flushing cisterns.

Boys (*Infants*).—The trough closets were abolished and six separate pedestal basins 11″ high, fixed in separate compartments, each closet being provided with door and flushing apparatus.

The former insanitary urinal was replaced by eight white glazed stalls and provided with two automatic flushing cisterns.

Girls (*Senior and Junior*).—The insanitary trough closets were abolished and replaced by a block of sixteen pedestal water closets, each compartment fitted with door and fasteners. The pedestal basins fitted were of two heights 16″ and 14″.

A cubicle, fitted with a full size door, containing one wash basin with hot and cold water and one " Sani-bin " for the storage of used sanitary towels was provided for the elder girls.

Girls (*Infants*).—Eight pedestal water closet basins fixed in separate compartments with individual flushing apparatus.

Staff.—Mrs. A. Nicholson, who has been on sick leave for a year, returned to duty on 3.7.50.

Mrs. J. Marsh was appointed a full-time School Nurse from January, 1950.

Miss H. Scarlett has been relieved of part of her school duties in order to enable her to carry out Group Audiometry of school children. These children are from 9 to 10 years, and any others that may have been referred for special testing.

We are very grateful to Mrs. Moore for her continued voluntary help, and invaluable assistance at the school clinic for two mornings weekly.

FINDINGS OF MEDICAL INSPECTIONS.

The number of children on the register at 1st April, 1950, was 13,976.

Nutrition.—The average nutrition of school children was maintained at a satisfactory level throughout the year. Classification of those medically inspected was made under the designation—" General Condition ". From the inspector's point of view, this seems to have the advantage of emphasising that the assessment is not of the physique of the child, but of the actual well-being at the time of examination.

" General Condition " is assessed under the headings A ' good ', B ' fair ', and ' C ' poor. Of the 4,181 children, who were medically inspected during the year, 2,564 or 61.3% were classified ' A ', 1,568 or 37.5% were classified ' B ', and 48 or 1.2% were classified ' C '.

Nutritional surveys were made in all the schools in the town on one or more occasions during the year.

At the end of the year 3,360 children were paying for school dinners, and 484 children were receiving them free. The total of school children drinking school milk was 11,045, each day.

There was a considerable drop in the number of children taking school dinners as compared with the previous year.

During the year a kitchen-dining room was opened at Yarborough school, the capacity being 750 meals when the fourth dining room is completed.

Uncleanliness.—The total inspections of school children during 1950 was 43,478, to effect which the Nurses paid an average of 44.6 visits per school. The number found to be unclean was 1,741. At routine school medical inspections 66 children, out of 4,181 examined, showed evidence of louse infestation.

The number of children infected by pediculae continues to diminish and is now practically reduced to the hard core or problem families.

One hundred and twenty-five necessitous children received clothing to a total value of £252.

Diseases of the Skin.—The incidence of scabies and all skin diseases found at routine medical inspections during the last six years, is found in the accompanying table.

	Routine Medical Inspections Incidence per 1,000 inspections.					
	1945	1946	1947	1948	1949	1950
All skin diseases ..	24·9	10·1	10·65	12·3	20·5	5·4
Scabies	5·6	2·7	2·4	2·1	0·83	0·67

A further table shows the number of cases of the chief infectious skin diseases seen by the medical officer and treated at the school clinic during the same six years. The practical disappearance of scabies is most remarkable.

Disease.	1945	1946	1947	1948	1949	1950
Ringworm (scalp)	10	3	—	4	2	—
Ringworm (body)	9	10	4	5	1	—
Scabies	241	188	73	61	41	3
Impetigo	16	21	20	20	38	24

Minor Ailments Clinic.—The figures for attendance at the school clinic during 1950, were as follows:—

Total Attendances—20,196. (comparing with 18,597 in 1949.)

Special Inspections—1,439. (cases seen by the Medical Officer).

Re-inspections—4,457. (cases seen at the clinic).

1,367 were dealt with by one or other of the nurses in attendance, and not seen by the Medical Officer.

Defects of Vision and Diseases of the Eye.—Refraction clinics were held on Tuesday afternoons throughout the year by Dr. E. Hainsworth, visiting ophthalmologist to the authority, who commenced duty with the Sheffield Regional Hospital Board on 3rd January, 1950.

Out of a total of 491 attendances 410 children (251 were new cases) had refraction carried out, 338 had glasses prescribed and 325 obtained glasses. In addition 18 cases of eye disease were referred from the school clinic during the year.

In view of the increased incidence of squint it is rather unfortunate that the hospital service is as yet unable to supply orthoptic treatment. The amount of spectacles apparently provided is phenomenal. Before the appointed day the number of children supplied was between five and six hundred, whereas in 1950 this number was nearly trebled. This figure is a misleadingly high one and is partly due to the following two factors: (a) the absence of a medical officer capable of doing refractions after Dr. Southey's death and the delay in the appointment of a consultant ophthalmologist by the Regional Hospital Board; and (b) the time lag in 1949 in the actual provision of spectacles through the National Health Service.

Through the courtesy of Mr. K. Pridgeon, Clerk to the Grimsby Executive Council, I have ascertained that 1,155 children in Grimsby between the ages of 5 and 15 were provided with spectacles under the Supplementary Ophthalmic Service during 1950. The consultant ophthalmologist issued 338 prescriptions of which 325 actually obtained glasses, making a grand total of 1,480 or 10.6 per cent of the school population dealt with in one year.

Diseases of the Ear, Nose and Throat.—The number of cases of nose and throat defects found at routine and special inspections to require treatment was 345. These were classified as follows:—

Chronic tonsillitis	69
Adenoids only	5
Chronic tonsillitis and adenoids ..	176
Other conditions	95

The nasal hygiene clinic continued to be held daily throughout the year under the supervision of the senior clinic nurse. Successful conditions were obtained in all types of cases showing catarrhal affections of the nose and throat. The number of children treated was 276, and the total attendances were 4,299. Ninety-nine children (2,811 attendances) had diastolisation treatment. In addition a further 145 children (1,468 attendances) were treated for otorroea and chronic otitis media.

Despite the very large waiting list of 1,000 at the General Hospital and a temporary cessation of this work owing to to the incidence of poliomyelitis, at no time has the school health service had any difficulty in having an urgent case of tonsils and adenoids promptly dealt with.

Group audiometry.—The total cases examined during the year was 1,523 plus 10 specially referred. Auditory acuity results were Class A. 1,361; Class B. 160; Class C 2.

Of these 75 were referred to the school clinic for investigation and the results were as follows:—referred to E.N.T. specialist 29; discharged after examination at school clinic 5; receiving treatment at school clinic 11; under observation 24; failed to attend 6.

A considerable number of cases of deafness are found merely to be due to wax in the ears. Of the cases referred to the E.N.T. specialist full audiometric tests are carried out by his technician.

Heart Diseases and Rheumatism.—Eleven clinics were held by Dr. J. W. Brown, the consultant physician for these diseases. 96 cases (of which 40 were new) made a total of 163 attendances. Of the new cases 21 were children notified as having contracted scarlet fever in the period from October, 1949, to March, 1950, the ex-scarlet fever cases now being referred as a routine.

Acute rheumatism continues to be notifiable in persons under the age of 16 years, and detailed information is forwarded to the Medical Research Council in each case.

Orthopaedic Defects.—During the year 46 school children were referred to the out-patient department of the Grimsby General Hospital for treatment.

Mentally Defective Children (Handicapped Pupils and School Health Regulations, 1945).—34 children were reported to the local mental health authority during the year ending 31st December, 1950. All these were placed under statutory supervision and one of them was also admitted to to the occupation centre. One required admission under a Place of Safety Order, and one child died later in the year.

29 children were referred for examination through the year, and of these 5 were placed in a dull and backward category; 14 were found to be educationally subnormal and 2 were considered to be incapable of benefiting by education within the school system; 2 were not subnormal and 6 were awaiting examination at the end of the year.

Infectious Diseases.—No school or department was closed on account of communicable disease during the year.

Scarlet fever—The number of cases notified in children of school age was 75, compared with 154 in 1949.

Measles.—662 cases were notified amongst school children, as against 50 the previous year.

Whooping cough.—One hundred and nineteen cases were reported in children of school age (112 in 1949.).

Chicken pox.—743 cases were notified, compared with 118 the previous year.

Poliomyelitis.—Six children of school age were notified as suffering from poliomyelitis, compared with 9 the previous year.

Diphtheria.—No cases occurred during the year (3 in 1949).

Tuberculosis.—12 children of school age were notified under the Public Health (Tuberculosis) Regulations, and of these 9 were classified as pulmonary and 3 as non-pulmonary. The previous year also accounted for 12 new cases.

Protection against Diphtheria.—During the year 662 children under five years of age and 65 children of school age completed the series of inoculations for diphtheria immunisation. Reinforcing injections were given to 216 school children in order to raise their immunity during their school life. These figures are lower than the previous year because of an outbreak of poliomyelitis which necessitated immunisation work being suspended.

Employment Certificates.—156 certificates were given to school children who were engaged in particular employment after school hours.

Wintringham Grammar School.—211 pupils were subjected to routine medical inspection, at which 17 parents attended. Of this number only 29 (13 per cent.) required treatment other than dental treatment.

Technical School.—104 children were subjected to routine medical inspection, of which 21 (20 per cent.) required treatment other than dental treatment.

Spastics.—The special supervision of these children, unfortunately remaining in ordinary schools, has been maintained.

N.S.P.C.C.—Mr. R. Evans, the local inspector, continues to carry out the Society's tradition of full co-operation. There are certain aspects of this work of protection of the children which can be better done by a voluntary organisation than by a statutory body.

Nursery Classes.—Besides the four nursery classes, each with accommodation for 25 to 30 pupils, the building of a new nursery school at Nunsthorpe with provision for 40 places was nearing completion towards the end of the year.

Handicapped and Sub-Normal Children.—The following cases were dealt with during the year :—

Name.	Date of Birth.	Disability.	Special School.	Admitted.	Left.
Hutchinson, R.	26. 4.38.	Blind.	Yorkshire School for Blind, York.	26. 6.50.	
Iredale, David A.	25. 7.41.	Empyema.	Ingleborough School Hall.	24. 7.50.	19.10.50.
Marsh, Betty P.	12. 4.43.	Delicate.	Children's Convalescent Home, West Kirby.	17. 1.50.	3.10.50
Browning, Michael	16. 2.41.	E.S.N. & Blind.	Condover Hall School, Shrewsbury.	29. 4.50.	
Avison, Eileen	7.10.38.	E.S.N.	Seacroft School, Skegness.	2. 6.50.	
Christian, Janet	31. 3.38.	,,	,, ,, ,,	,,	28.7.50
Deakins, David	12.12.36.	,,	St. Christopher's Special School, Lincoln.	9. 1.50.	
Hardy, George W.	5. 4.37.	,,	,, ,, ,, ,, ,,	4. 9.50.	
Leyland, Roy	24. 6.35.	,,	,, ,, ,, ,, ,,	9. 1.50.	
Mitchell, Edward	23.12.38.	,,	,, ,, ,, ,, ,,	4. 9.50.	

The following cases previously dealt with were still a responsibility of the Education Committee :—

Name.	Date of Birth	Disability.	Special School.	Admitted.	Left.
Gear, Maurice	24. 8.34.	Blind.	Yorkshire School for Blind, York.	1. 9.47.	27.7.50.
Cotter, Elizabeth	24. 4.37.	Deaf.	St. John's Institute, Boston Spa.	28. 8.42.	
Bensley, Beryl	3.10.44.	,,	Yorkshire Institution for Deaf, Doncaster.	15. 9.49.	
Cook, Pauline	13. 9.43.	,,	,, ,, ,, ,, ,,	,,	16.6.50.
Evans, Richard	12. 9.39.	,,	,, ,, ,, ,, ,,	20. 4.48.	

The following cases previously dealt with were still a responsibility of the Education Committee :—

Name	Date of Birth	Disability	Special School	Admitted	Left
Friskney, Kenneth	4. 7.34.	Deaf.	Yorkshire Institution for Deaf, Doncaster.	31. 7.40.	26. 7.50.
Gresham, Sheila	30. 3.40.	,,	,, ,, ,, ,, ,,	22.10.45.	
Hardy, Brian	1. 3.39.	,,	,, ,, ,, ,, ,,	14. 1.47.	
Mogg, Pauline	22. 8.36.	,,	,, ,, ,, ,, ,,	22. 9.43.	
Mogg, Barbara	,,	,,	,, ,, ,, ,, ,,	,,	
Paddison, Maureen	26. 8.44.	,,	,, ,, ,, ,, ,,	15. 9.49.	
Parkin, Shirley	16.11.34.	Epileptic.	Maghull Homes (Epileptics), Liverpool.	19. 4.47.	14. 8.50
Rolf, Doreen	14. 3.38.	,,	St. Elizabeth's School for Epileptics.	26. 1.48.	
Thomas, Gloria E.	14.10.34.	Physically Handicapped.	Bethesda Cripples Home, Colwyn Bay.	29. 7.44.	19. 6.50.
Cross, Barbara	7. 8.36.	Delicate.	Oakbank Open-Air School, Sevenoaks.	22. 1.46.	
Boggis, George	18. 4.34.	E.S.N.	Monyhull Residential School, Birmingham.	20. 5.43.	21. 7.50
Clarke-Gibson, A.	24.12.34.	,,	,, ,, ,, ,,	4. 2.46.	20.12.50.
Cummings, Peter	17. 9.36.	,,	,, ,, ,, ,,	26. 1.49.	
Walden, David	11. 5.36.	,,	Beacon Residential School, Lichfield.	1. 4.46.	
Tindall, Judith	1. 7.34.	,,	Field Heath R.C. Special School, Hillingdon.	22. 1.48.	26. 7.50.
Howell, William	21. 5.34.	,,	St. Christopher's Special School, Lincoln.	9. 9.47.	28. 7.50.
Campling, James	3. 3.35.	,,	,, ,, ,, ,, ,,	17.11.47.	
Burton, Charles	7. 6.34.	,,	,, ,, ,, ,, ,,	9. 9.47.	28. 7.50.
Goodwin, James	18.12.36.	,,	,, ,, ,, ,, ,,	,,	
Meears, William	3.10.34.	,,	,, ,, ,, ,, ,,	,,	21.12.50.
Stones, Albert	6. 4.36.	,,	,, ,, ,, ,, ,,	29. 9.47.	

SPEECH THERAPY.

Following is the report of Miss B. A. Brunton, Speech Therapist, for (a) the period from 1st September to 31st December, 1949, and (b) for the year ended 31st December, 1950:

1st September,—31st December, 1949.

This period was mainly occupied with the preliminary work of establishing and organising the Speech Clinic. The successful organisation of a clinic is dependent to a great extent on the active co-operation of children, parents and the teaching staff of the schools, and I am happy to record that this co-operation was evident to a large degree.

It was felt that the first approach should be made through the schools, and accordingly in September all infant, junior and secondary modern schools were visited, and the methods of referral and the types of cases suitable for speech therapy were explained to the Head Teachers. It was suggested that in the first instance, owing to the large number of referrals which could be expected, no children over the age of ten years and no children of very low intelligence were to be referred.

157 children were referred from infant and junior schools, and each one of these children was tested in school. 100 children were selected as suitable for treatment. Of the 57 remaining, it was felt that the speech defects were so slight that they did not require expert treatment. Some were more in need of speech training, which can be given in the schools, rather than speech therapy.

The next step was to approach the parents, and appointments were made for the 100 children selected for treatment to attend at the Speech Clinic with one or both parents so that the case history might be taken. Parents were advised how they could help the child at home until the child could attend for treatment. For this reason, the case history is always taken as soon as a child is referred, even though the child may have to wait for several weeks or months before treatment can commence. In one case, a child was speaking normally in six months simply through the mother carrying out at home the suggestions which had been made to her.

Only 16 parents proved unco-operative. Some stated that they did not wish the child to receive speech therapy; others failed to keep appointments which were made.

Three children were found to be unsuitable speech therapy cases. Of these, two required nasal treatment, and one was found to be mentally retarded.

Therefore, of the 100 children selected in the schools, 81 were waiting for treatment.

Five cases were referred from other sources, three by parents and two by the Medical Officer of Health. One child, referred by parents, had been receiving treatment since September. Therefore, the total number of cases awaiting treatment at the end of December was 85.

Referred from schools	81
Referred from other sources ..	4
	85

1st January—31st December, 1950.

This Report covers the first twelve months from January to December, 1950, and is the first annual report.

85 cases were awaiting treatment at the end of 1949. 73 of these cases had been dealt with at the end of 1950. 1 case receiving treatment in 1949 attended during 1950. Therefore, 74 cases referred in 1949 had been dealt with by by the end of 1950. 12 cases remained on the waiting list.

Cases referred during the period January—December, 1950.

56 cases were referred during the period. Of these 21 had been dealt with before the end of the year, so that 35 cases remained on the waiting list. Details are given in Table I.

TABLE I.

Current cases receiving treatment ..	15	
Cases, closed, unsuitable speech therapy	2	
Cases, closed, treatment complete ..	4	21
Cases awaiting treatment after initial interview	31	
Cases awaiting initial interview ..	4	35
	56	

The total number of cases dealt with during 1950 is given in Table II.

TABLE II.

	Referred in 1949	*Referred in* 1950	*Total*
	74	21	95
Number of cases waiting	12	35	47
			142

Cases are not always treated in order of referral, as some are more urgent than others. Table III indicates how the 95 cases have been dealt with.

TABLE III.

Cases closed, treatment complete ..	29
Cases closed, unsuitable speech therapy	2
Cases closed, treatment incomplete ..	10
Cases current at end of December ..	54
	95

Reasons for the discharge of 10 cases with treatment incomplete are given in Table IV.

TABLE IV.

Unco-operative cases	6
Cases left district	1
Cases left to attend Special Schools ..	2
Case killed in road accident	1
	10

On the whole, parents have been most co-operative and helpful. It is essential especially with younger children, to have co-operation from the home and from the school, in order to ensure successful treatment. Children attend the Clinic once a week for half an hour. In many cases two or three sessions a week would be preferable, but owing to the numbers referred, and also to the time away from school, this is not possible.

They are usually given some practice to carry out at home. Older children are able to practice by themselves, but the parents must help a young child. It is the everyday practice which is important. Treatments are often spread out over a long period, and this is always impressed upon the parent at the initial interview.

All treatment, apart from three exceptions, is individual. The three exceptions include two cleft palate cases of four years of age, two girls of nine years with a lisp and two boys of ten years with stammers.

In Table V cases have been grouped according to age at the date of referral and further grouped between types of schools.

TABLE V.

3 but not 4		10	
4 but not 5	PRE-SCHOOL	9	19
5 but not 6		35	
6 but not 7	INFANT SCHOOL	40	75
7 but not 8		23	
8 but not 9		17	
9 but not 10	JUNIOR SCHOOL	18	
10 but not 11		7	65
13 but not 14	SECONDARY SCHOOL	1	1
Above 15		1	1
			161

Although no children over 10 years of age were to be referred, two exceptions were made. In one case, a boy of 6 was referred because he stammered. It was thought that he was imitating his older brother of 13. Therefore, it was considered advisable to treat the older boy. The other case was a boy with cerebral diplegia, taken by special request of the Medical Officer of Health.

It is very pleasing to have so many young children referred. The treatment of these cases is likely to be more expedient, as:

(a) the habit of defective speech should be less difficult to break down;

(b) secondary complications affecting the personality of the child as a result of the speech defect may not have arisen.

Twice as many boys as girls have been referred. Details are given in Table VI.

TABLE VI.

Boys 107: Girls 54; Total 161.

This proportion is usually to be found in speech therapy.

In Table VII cases are grouped into the reasons given for referral.

TABLE VII.

Reason for Referral	*Girls*	*Boys*	*Total.*
Retarded speech development	5	10	15
Dyslalia	36	56	92
Stammer	2	20	22
Cleft Palate	3	8	11
Hyperrhinophonia (excessive nasality)	1	2	3
Hyporhinophonia	3	1	4
Deafness	2	3	5
Spastics	—	2	2
Combined lisp and dysphonia	1	—	1
,, lisp and stammer ..	—	1	1
,, dyslalia and stammer	—	2	2
Not yet interviewed	1	2	3
	54	107	161

A brief explanation is given of the different types of speech defects.

Retarded Speech Development.—A child with retarded speech development is usually unintelligible to any one except the mother or other close associates. The child appears to be using a language of its own or to be speaking as a child at an earlier infantile level of speech development. The child is able to produce the correct sound on request. Some common causes of retarded speech development are low mentality, deafness, prolonged illness, lack of necessity or motivation for speech, emotional conflicts and aphasia.

Dyslalia.—In dyslalia there is an abnormal substitution, distortion, insertion or omission of the speech sounds. These symptoms may range in severity from a lisp or a defective "R" sound to several defective consonants. The child is usually unable to produce the correct sound on request, but he can be taught to do so. Possible causes are organic abnormalities, motor inco-ordination, emotional conflicts and developmental retardation.

Stammer.—Stammering is a functional speech disorder. It may be described as a disintegration of the continuous rhythmical flow of speech. Two possible causes of stammering in young children are emotional conflict and environmental factors. Occasionally a stammer may result after a severe shock or accident. In the case of very young stammerers (5 years and under) the parents are " treated ", rather than the child. The treatment of older children is usually extended over a long period.

Cleft Palate.—There may be a cleft of the soft palate, the soft and hard palates, or through both palates, the teeth ridge and the lip. The cleft may be unilateral, bilateral or median. A cleft palate is due to embryological maldevelopment. An operation to close the cleft lip is usually performed when the child is a few weeks old, and the palate is usually operated on when the child is about 2 years of age.

Before operation all sounds are produced through the nose, and the speech is said to be " nasal ". After the operation speech still persists through the nose in many cases. Although the operation has produced a suitable mechanism, the muscles are weak, and the child requires speech therapy. If the operation has been unsuccessful, a dental obturator is often fitted.

The aims of speech therapy are:—

1. To strengthen the muscles of the soft palate.
2. To teach the child to direct the airstream through the mouth.
3. To teach the child to learn to produce the correct sounds and to use them in speech.

Hyperrhinophonia.—This is " cleft palate " speech where there is no actual cleft. It may result after the removal of the adenoids, owing to weakening of the palatal muscles. Other causes are muscular weakness in spastics and mental defectives, or paralysis of the palate. Treatment is carried out as for a cleft palate.

Hyporhinophonia.—This is the type of speech associated with " a cold in the nose ", where there is too little nasality. It is caused by a nasal obstruction, e.g. enlarged adenoids, and the defective speech may persist as a habit after removal of the obstruction. Mouth breathing comes into this category.

Deafness.—A speech therapist deals with partially deaf children, but not usually with the totally deaf. Children with partial (maybe only slight) hearing loss are handicapped in a normal school class. Work may be affected and speech is usually defective, but the cause is not always realised. Parents and teachers are advised by the speech therapist how to help the child at home and in school, and the child receives ear training, and maybe lip reading, from the speech therapist.

Spastics (Cerebral Palsy).—This spastic condition is due to a birth injury. These children may be helped by speech therapy, but improvement depends on the degree of spasticity and also on the intelligence of the child. A great deal of work may be done with these children if the parents are co-operative, but a considerable amount of patience is demanded. Normally these children should be in special schools for spastic cases.

In eleven cases siblings have been referred. In most of these cases it was found that a younger child was using the same type of defective speech as an older brother or sister and was, therefore, probably imitating him. In one instance, a brother and sister were referred with cleft palates, and in another case a boy was referred for a lisp, while his younger sister stammered.

The 29 cases discharged with treatment complete were made up as is shown in Table VIII.

TABLE VIII.

Defect.	*Girls.*	*Boys.*	*Total.*
Dyslalia	10	13	23
Retarded speech development—		1	1
Deaf	—	1	1
Stammer	—	3	3
Cleft Palate	—	1	1
			29

Table IX indicates the source of referral of cases.

TABLE IX.

Referred by Head Teacher	127
,, ,, Parents	7
,, ,, Medical or Child Welfare Services through School Medical Officer or Medical Officer of Health ..	20
,, ,, L.E.A. through Director of Education or Educational Psychologist	3
,, ,, Ear, Nose and Throat Specialist, Grimsby General Hospital ..	4
	161

The number of attendances made during the year was	1,934
Attendances for taking of case history	56
Attendances for treatment or observation	1,878
	1,934

480 appointments were not kept, chiefly through illness. Therefore, the total number of appointments actually made was 2,414. An average of 50.55 children were seen each week. The number of school visits was 32, and the number of home visits was 15.

In closing this report, I should like to thank the Director of Education, the Educational Psychologist, the Medical Officer of Health and the Ear, Nose and Throat Specialist for their generous help and co-operation in the development of Speech Therapy in Grimsby.

Child Guidance Service.—Dr. C. H. Jackson, Educational Psychologist, presents the following report:—

This report covers the 12 months from January to December 1950, and is the third report on the work of the service. Figures given are those in respect of Grimsby children only.

Owing to the comparatively small numbers involved considerable caution should be exercised in drawing any inferences. To facilitate comparisons the form of this report follows fairly closely that of previous years.

Part One—Statistical.

TABLE I. Cases dealt with and those waiting interview.

Cases closed during the year	70
Cases current on December 31st. ..	40
Cases waiting initial interview ..	14
	124

Table two groups referrals according to age at date of referral, and indicates their distribution between the different type of school attended at that time.

TABLE II. Referrals by Age.

Below 5 years	PRE-SCHOOL	11	
5 but not 6	PRIMARY (INFANT)	5	
6 but not 7	SCHOOL	20	25
7 but not 8		7	
8 but not 9	PRIMARY (JUNIOR)	11	
9 but not 10	SCHOOL	11	
10 but not 11		19	48
11 but not 12		11	
12 but not 13		10	
13 but not 14	SECONDARY SCHOOL	5	
14 but not 15		9	35
Above 15 years		5	
		124	

Eight of the secondary school children came from schools of the Secondary Grammar type. There were 7 referrals of children attending Private Schools. It will be seen that some 65—70% of the children referred were below 11 years of age. There is a marked increase over previous years in the number of pre-school children referred. This is very encouraging. It has been a steady trend over the past 3 years. Early referral leads not only to children suffering less as a result of their maladjustments, but the duration of treatment is considerably reduced and the measure of successful outcome greatly increased.

As in previous years, referrals of boys have been about twice as frequent as girls. This proportion is that expected in Child Guidance. Detailed figures are given in Table three.

TABLE III. Referrals by Sex.

Boys	87
Girls	37
	124

In Table four referrals are grouped according to reason for referral given by referring agency. It often happens that more than one reason is given by the referring agency. In such cases the more basic category is employed. Thus where a child is referred for serious emotional maladjustment and failure to make school progress, the referral is put into

the former category, because it would be generally expected that the school progress of a seriously maladjusted child would be affected through loss of powers of concentration and attention. The distinction between difficult behavour and delinquent conduct is mainly that the latter affects society beyond the home and involves or may involve the child in Court proceedings.

TABLE IV. Reasons given for Referral.

Difficult behavour	22
Mental or personality assessment	25
Failure to make school progress	24
Emotional maladjustment	16
Educational guidance	15
Anti-social or delinquent conduct	8
Habit disorders	9
Unclassified—various	5
	124

The changing emphasis in referrals towards more important problems of personal maladjustment noted in last year's report has been maintained, and there has been a decrease in the number of children referred for difficult and delinquent behavour. This may reflect an increasing awareness among parents and teachers that early treatment of the former may prevent development of the latter. Referrals by parents have been generally good.

Table five groups referrals according to the primary source of referral. Where it is known that referral by one agency has been made at the request of another, the latter is taken as the true source of referral.

TABLE V. Sources of referral.

School: through Head Teacher	36
Medical or Child Welfare Services: through S.M.O. or M.O.H.	24
Parents of Child: direct or through school	25
L.E.A. through Director or Speech Therapist	21
Children's Department or Court: through Children's Officer or M.O.H.	11
Family Doctors or Medical Specialists: ..	7
	124

Table six groups referrals by intellectual ability levels as indicated by intelligence quotients in intervals of 10 points. In general the quotients given are those obtained on the Revised Stanford-Binet Scale. In a few cases other more appropriate scales have been employed. For example, in cases of children with certain sensory handicaps, older children of high intellectual ability and pre-school infants, more suitable testing scales have been used.

TABLE VI. Intelligence levels of Referrals.

below 50	2
50-59	4
60-69	4
70-79	13
80-89	16
90-99	16
100-109	13
110-119	9
120-129	12
130-139	5
140-149	3
not tested	27
	124

There has been a considerable diminution in the number of referrals at the lower ability levels compared with the previous year. From this point of view referrals have been increasingly satisfactory throughout the year. The 27 cases referred to as "not tested" were made up in the following way:

Did not accept appointments	4
Child left district before interview arranged	2
Referred directly for more appropriate treatment	4
Not accepted for treatment	2
Problem cleared before interview arranged	1
Waiting initial appointment 31st December	14
	27

Cases not accepted for treatment were those in which the strongest indications were apparent after preliminary interview that no useful purpose would be served by further interview.

Table seven indicates disposal of cases closed during the year.

TABLE VII. Reasons for closure of cases.

Diagnosis: followed by report, recommendation or advice	28
Treatment concluded	16
Transferred to other treatment: medical, speech therapy, etc.	11
Supervision and follow-up	5
Did not accept appointments	4
Child left district before initial appointment	2
Not accepted for treatment	2
Unco-operative during treatment	1
Problem cleared before initial appointment	1
	70

Some of these catagories require further explanation. It will be apparent that not all categories are exclusive. For example, cases transferred to other treatment will have been the subject of a report. It seemed, however, more appropriate to put these into the former than into the latter group for purposes of classification in the table.

The first category is mainly diagnosis and report, though it also includes many cases occasioning 2-3 interviews where advice on educational matters and general handling was given.

The second category consists entirely of more serious treatment cases, many being cases of prolonged psychiatric treatment. 4 of these cases were deemed completely satisfactory; 12 showed such considerable improvement in adjustment that closure seemed justified. After occasional follow-up confirmed this impression, the cases were finally closed.

The third category covers in the main two groups of cases—those which did not appear Child Guidance cases, and which were transferred to more appropriate treatment after initial parent interview (4 cases); and those transferred to other treatment after full diagnostic work with parents and child (8 cases).

The fourth category covers mainly treatment cases (similar to category two) which required long supportive contact before they could be considered to have made satisfactory adjustment.

It will be seen that the number of unsatisfactory referrals (i.e. unco-operative, refused to attend, etc.) is much smaller than in the previous year. Since the above table does not include cases referred prior to 1st January 1950, the following account is given of cases carried into the present year from 1949.

TABLE VIII. Cases current at 31.12.1949.

Cases being dealt with at 31.12.1949 ..	35
Cases waiting initial interview at 31.12.1949	19
	54

Thus 1 Grimsby case carried forward from 1948, and 9 Grimsby cases from 1949 are still receiving treatment. 2 Grimsby cases from 1948, and 9 Grimsby cases from 1949 are being followed-up.

In general, it seems that the duration of treatment of more serious cases tends to be about 3-6 months. About an equal number of cases seem to require not more than 3 months for satisfactory adjustment. It is hoped to give more detail in this connection in a future report summarising the work of several years, when larger and more representative figures are available. It will then be possible also to enquire in greater detail into the effectiveness of treatment by long term follow-up of treated cases.

Table nine summarises the nature of treatments given in connection with all cases dealt with during the year. That is, it includes work with cases carried forward from the previous year.

TABLE IX. Nature of treatments.

Child interviews	remedial teaching	438
	psychological	228
	play sessions	252
	psychiatric	63
Parent interviews	psychological	174
	social work	34
	psychiatric	58
School and other contacts:		
	psychologist	127
	social worker	27
Home visits:	social worker	153
	psychologist	3

These figures do not include routine initial interviews with parent and child for the purpose of ascertaining the problem and conducting routine intelligence tests in respect of each case seen.

Increased opportunity for remedial educational work with children who have fallen behind in school work, whether they have been referred for scholastic retardation or on account of personal maladjustment, has enabled this to receive greater attention. It will be noticed that such work constitutes by far the largest single item in Table nine.

It will be observed that play sessions with children forms the second largest single item in table nine. This is because expression of feeling through free play forms not only an important source of material for diagnosis of children's maladjustments, but is directly therapeutic in helping the child's re-education and adjustment.

The importance of the complementary side of therapy-modification of environmental demands and pressures and removal of tensions in the family relationship—is evident from the large part played by parent interviews and home visits as well as school and other contacts—accounting in all for 35—40% of the year's work. Additionally great importance attaches to this aspect of the work because of its preventive character. In so far as guidance leads to more adequate understanding of the need for balance between demand and response, there is a tendancy for benefit to extend to other members of a family and other pupils in a school.

The mobilising of other agencies to help individuals solve personal problems and establish for them helpful contacts with the social resources of the community, has formed no small part of the years work. Such work extends into such diverse fields as recognition of physical handicaps, needs of fostering and liaison with public and private welfare organisations. In general, environmental modes of treatment aim at helping the child to find socially acceptable goals and adjust to authority.

Part Two—Developments.

During the year the Social Worker, Miss K. White, left the Centre to undergo training as Psychiatric Social Worker in Edinburgh. Miss J. W. Hedges was appointed to fill the vacancy until the services of a Psychiatric Social Worker could be secured.

The Centre welcomed a visit by H.M.I. Miss Deakin and H.M.I. Mr. Morris, who discussed the work of the Centre and made helpful suggestions.

During the year nine individual talks were given to parents at the invitation of local bodies and associations on problems of child development. A one-day school for mothers of young children was held at the Child Guidance Centre by kind permission of the Director of Education under the auspices of the Workers Educational Association and University College, Hull. Two courses of lectures begun in the previous year under the auspices of Lindsey Rural Community Council and the Workers Educational Association, both in conjunction with University College, Hull, were successfully terminated.

The Child Guidance Service has now been in operation about two and a half years, of which the first six months was a building-up period. Referrals have remained at a constant level throughout the two and a half years, exact figures being:

	Grimsby.
Last six months of 1948	60
1949	116
1950	124

The number of seriously maladjusted children referred should now tend to drop, though the number of actual referrals may continue at about the same level or even rise. Diminution of therapeutic work will enable increased emphasis to be put on the educational aspects of child guidance, and this trend is foreshadowed in figures for the current year, which show that remedial educational work in the Centre accounts for some 43% of all work done with children. It is also implied in the changing ratio of child and parent interviews. In 1949 the ratio was $2\frac{1}{2}$: 1. In the current year it has risen to $3\frac{1}{2}$: 1.

This has been paralleled in the increase of remedial teaching work in schools. It is hoped to develop this work further as suitable part-time teachers become available and suitable accommodation can be found in schools.

Experience shows that although personal maladjustment lies at the root of some cases of scholastic retardation, in a large number of cases scholastic failure has been the precipitating cause of personality break-down. Increased emphasis on remedial work is therefore not only educationally sound but may play an important part in fulfilling a major task of child guidance—prevention of maladjustment.

The Ministry's recent revision of procedure for the ascertainment of children under Section 57 of the Education Act 1944 permits completion by a psychologist of part II of Form 2 H.P. (Revised). This allows the psychological testing to be carried out by a psychologist instead of restricting the work to medical officers. The Authority took advantage of this provision, and although the number of children reported for testing under Section 57 of the Act is too great to allow the work to be done entirely by the psychologist, it has been the practice during the past year for testing to be done by the psychologist in cases of young children and children showing special problems, whether by reason of physical handicap or emotional instability, together with children whose severe scholastic retardation renders mental assessment difficult.

This procedure has proved of great benefit. It has brought to the notice of the Child Guidance Service some older children of about average intelligence who were severely retarded educationally and who were able to receive considerable help by remedial teaching. It has also enabled a great deal of help and advice to be given to parents of educationally sub-normal and ineducable children, with a view to increasing the social adaptation of these children, and has increased the desire of parents to co-operate with the Authority in the question of placement.

This development, together with the increasing number of young children referred for child guidance, has made it necessary to increase the range and variety of all testing material but in particular of material suited to the pre-school child and material of the performance type. A considerable amount of new testing material was therefore purchased during the year, and tests now available include complete individual testing equipment for an age range down to 2 month level and several verbal and performance scales from 5-16 years. A complete individual adult testing scale has also been added, covering an age range from 10-59 years on both verbal and performance material. This has proved of very considerable value for diagnostic purposes as well as in securing more accurate assessments of ability of older children at high ability levels. Some of the more common scales tend to give spuriously high results in these cases. A restricted range of material is available for children handicapped by loss of vision, hearing or speech. It is hoped to increase this as well as performance material during the next year.

The one-day school for mothers of young children was greatly appreciated by the parents, and several parents who were unable to attend expressed a desire for a repetition on

similar lines. It is hoped that this may be done during the coming year, as it is felt that wider knowledge of the development and needs of normal children would prove a strong preventive of maladjustment. This type of work would accord closely with the changing emphasis from therapeutic to educational work already envisaged.

It is desired to thank the Speech Therapist for her generous co-operation in cases where disability of speech constituted a possible factor in children's reading difficulties.

DENTAL SERVICE.

Mr. Donald W. Hunt, L.D.S., R.C.S., (Eng.), senior dental officer, presents the following report:—

I have again the privilege of presenting an annual report on the School Dental Service in the County Borough of Grimsby.

The statistics given in Table V. are self explanatory and tell the same sad tale as in 1949. Virtually no routine dental inspections of children at school have been carried out, and nearly all the attendances at the clinic have been emergency cases seeking the relief of pain. These cases continue to increase in number and severity as the days when school children received conservative dental treatment recedes further into the past, and one is now seeing again those young mouths in a state of complete wreckage that were common in the early days of the School Dental Service.

Never-the-less some conservative treatment has been completed during the year and this has been made possible by the introduction of Evening Sessions at the Hope Street clinic, at which sessions all work of a casual or emergency nature is rigidly excluded, and during which time the remaining Dental Surgeon is able to keep alive some small spark of professional interest in his work and to feel that he is undertaking the true task of a " School Dentist ".

In the technical field there have been certain innovations during the year including the use of a new drug, as a standard procedure for all operations requiring local anaesthesia. This material, obtained from Sweden, was on clinical trial at the Hope Street Clinic before it became generally available in this country.

Much has been heard in the public press and elsewhere of the use of Fluorine compounds as a prophylactic measure against dental caries. Reliable reports are not yet available however of its efficiency from British sources, and its use is not yet an accepted item of treatment in the General Dental Services of the National Health Scheme. Your Dental Officer moreover feels that many possible undesirable side effects have not received the attention they deserve and has not seen fit to introduce this measure into his practice until further information is available and his own fears allayed.

On a National level a critical evaluation of the Dental Services provided under the National Health Service after more than two years since the Appointed Day, leaves no room for doubt that so far as its scheme for the misnamed " Priority Classes " is concerned there has been a signal and total failure both in planning and practice. The provision of prophylatic and conservative treatment for those whose welfare is the first concern of any National Dental Service has been allowed to generate to vanishing point, whilst an undermanned profession has been overwhelmed with the demand for radical or prosthetic treatment from those whose dental health has already gone past the stage where repair is possible.

At present whether we like it or not, the fact remains that we are further than ever from achieving dental fitness as a nation and are on the way to becoming a race of plastic edentates. This state of affairs is a tragic one, but the remedies at least are now obvious and one can but ask how much longer will their prescription be delayed.

The year 1950 has been one of difficulty and anxiety for the future, but I must express my thanks to Mr. L. N. Alley and to Mr. T. H. Felton for their invaluable co-operation with the Service in its time of trouble, and to the Committee for its help and sympathy throughout the year.

TABLE I.

Medical Inspection of pupils attending Maintained Primary and Secondary Schools (Including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.	
Entrants	1,821
Second Age Group	1,264
Third Age Group	693
Total	3,778
Number of other Periodic Inspections	403
Grand Total	4,181

B.—OTHER INSPECTIONS.

Number of Special Inspections	1,439
Number of Re-Inspections	4,457
Total	5,896

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual pupils found at periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants ..	19	341	352
Second age group	85	165	243
Third age group	35	40	75
Total (prescribed groups) ..	139	546	670
Other Periodic Inspections ..	25	63	77
Grand Total ..	164	609	747

TABLE II.

A.—Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1950.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS — No. of Defects		SPECIAL INSPECTIONS — No. of Defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	24	42	233	—
5	Eyes—a. Vision ..	164	103	63	—
	b. Squint	97	27	3	—
	c. Other ..	12	20	70	—
6	Ears—a. Hearing	31	23	73	—
	b. Otitis Media	18	29	66	—
	c. Other.. ..	6	10	86	—
7	Nose or Throat ..	230	408	115	—
8	Speech	6	29	2	—
9	Cervical Glands ..	4	202	6	—
10	Heart and Circulation ..	31	38	145	—
11	Lungs	39	91	42	—
12	Developmental				
	a. Hernia ..	3	3	3	—
	b. Other ..	10	8	1	—
13	Orthopaedic—				
	a. Posture ..	5	7	—	—
	b. Flat foot ..	10	18	3	—
	c. Other ..	33	56	97	—
14	Nervous system—				
	a. Epilepsy	1	3	4	—
	b. Other ..	34	23	72	—
15	Psychological—				
	a. Development	2	43	6	—
	b. Stability ..	3	18	2	—
16	Other	26	25	347	—

B.—Classification of the general condition of pupils inspected during the year in the age groups.

Age Group	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,821	1,040	51.1	759	4 .7	22	1.2
Second Age Group ..	1,264	776	61.4	471	37.3	17	1.3
Third Age Group ..	693	389	56.1	294	42.1	9	1.8
Other Periodic Inspections ..	403	359	89.1	44	10.9	—	—
Total	4,181	2,564	61.3	1,568	37.5	48	1.2

TABLE III.

Infestation with vermin.

(i) Total number of examinations in the schools by the school nurses or other authorized persons	43,478
(ii) Total number of individual pupils found to be infested	1,741
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV.

GROUP 1.—DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—(i) Scalp	—	—
(ii) Body	—	—
Scabies	3	—
Impetigo	24	1
Other skin diseases	207	38
Total ...	234	39

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	18	33
Errors of Refraction (including squint)	410*	487
Total ...	428	520
Number of pupils for whom spectacles were— (a) Prescribed ...	338*	433
(b) Obtained ...	325*	1,155
Total ...	663	1,588

*Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

GROUP 3. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(*a*) for diseases of the ear	4	4
(*b*) for adeniods and chronic tonsitis	41	129
(*c*) for other nose and throat conditions	6	8
Received other forms of treatment	163	—
Total ...	214	141

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(*a*) Number treated as in-patients in hospitals	4	34
	By the Authority	Otherwise
(*b*) Number treated otherwise, *e.g.*, in clinics or out-patient depts	46	—

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	24	10

GROUP 6.—SPEECH THERAPY.

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists	36	9

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	Otherwise
(*a*) Miscellaneous minor ailments	543	22
(*b*) Other (specify)		
1. Respiratory	42	9
2. Cardio-Vascular	146	7
3. Alimentary System ...	107	69
4. Central Nervous System	6	10
5. Genito-Urinary	193	6
Total ...	494	101

TABLE V.—Dental inspection and treatment.

1.	Number of pupils inspected by the Authority's Dental Officers—	
	(*a*) Periodic age groups	560
	(*b*) Specials	2,106
	Total (1)	2,666
2.	Number found to require treatment	377
3.	Number referred for treatment	2,483
4.	Number actually treated	2,369
5.	Attendances made by pupils for treatment	4,454
6.	Half-days devoted to—Inspection	4
	Treatment	502
	Total (6)	506
7.	Fillings—Permanent Teeth	681
	Temporary Teeth	62
	Total (7)	743
8.	Number of teeth filled—Permanent Teeth	681
	Temporary Teeth	62
	Total (8)	743
9.	Extractions—Permanent Teeth	658
	Temporary Teeth	3,330
	Total (9)	3,988
10.	Administration of general anaesthetics for extraction ..	1,882
11.	Other Operations—Permanent Teeth	1,781
	Temporary Teeth	1,026
	Total (11)	2,807

WINTRINGHAM SECONDARY SCHOOL & TECHNICAL SCHOOL.

Return of Defects found in the course of Medical Inspection.

Defect.	Wintringham Secondary School				Technical School			
	Routine Inspections.							
	Referred for Treatment.		Referred for Observation.		Referred for Treatment		Referred for Observation	
	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS
MALNUTRITION	—	—	—	—	—	—	—	—
UNCLEANLINESS								
Head	—	—	—	—	—	—	—	—
Body	—	—	—	—	—	—	—	—
SKIN								
Ringworm—Scalp	—	—	—	—	—	—	—	—
„ Body	—	—	—	—	—	—	—	—
Scabies	—	—	—	—	—	—	—	—
Impetigo	—	—	—	—	—	—	—	—
Other Diseases (non-tuberculous)	—	—	2	—	1	—	1	—
EYE								
Blepharitis	—	—	—	—	—	—	—	—
Conjunctivitis	—	—	—	—	—	—	—	—
Keratitis	—	—	—	—	—	—	—	—
Corneal Opacities	—	—	—	—	—	—	—	—
Other Conditions (excluding defective vision and squint)	1	—	—	—	—	—	—	—
Defective Vision (excluding squint)	7	10	13	18	4	4	5	—
Squint	—	—	3	—	—	—	1	1
EAR								
Defective Hearing	—	—	—	—	—	—	—	—
Otitis Media	—	—	—	—	2	—	—	—
Other Ear Diseases	—	—	—	—	—	—	—	—
NOSE AND THROAT								
Chronic Tonsillitis only	—	2	—	4	—	4	2	—
Adenoids only	—	—	—	—	—	—	—	—
Chronic Tonsillitis and Adenoids	1	—	—	—	1	2	—	—
Other Conditions (Nasal Catarrh)	2	1	—	—	—	—	—	—
Enlarged Cervical Glands (non-tuberculous)	1	—	2	—	—	—	—	—
Defective Speech	—	—	1	—	—	—	—	—
HEART AND CIRCULATION								
Heart Disease :—								
Organic	—	—	2	—	—	—	—	—
Functional	—	—	1	2	—	—	1	—
Anaemia	1	1	—	—	1	—	1	—
LUNGS	—	—						
Bronchitis	—	—	—	—	—	—	—	—
Other Non-Tuberculous Diseases	—	—	—	1	1	—	—	—
TUBERCULOSIS.								
Pulmonary :								
Definite	—	—	—	—	—	—	—	—
Suspected	—	—	—	—	—	—	—	—
Non-Pulmonary :								
Glands	—	—	—	—	—	—	—	—
Bones and Joints	—	—	—	—	—	—	—	—
Skin	—	—	—	—	—	—	—	—
Other Forms	—	—	—	—	—	—	—	—
NERVOUS SYSTEM.								
Epilepsy	—	—	—	—	—	—	—	—
Chorea	—	—	—	—	—	—	—	—
Other Conditions	1	—	—	—	—	—	—	—
DEFORMITIES.								
Lordosis	—	—	—	1	—	—	—	—
Posture	—	—	—	1	—	—	—	—
Genu Valgum	—	—	1	—	—	—	—	—
Other Defects and Diseases	1	—	—	—	—	—	4	—
MENTAL DEFICIENCY	—	—	—	—	—	—	—	—

WINTRINGHAM SECONDARY SCHOOL.

Number of Children Examined (not including Specials).

AGE GROUPS.

	12	13	14	15	16	17	18
Males	19	52	8	21	4	13	11
Females	—	1	18	49	1	11	3
Total	19	53	26	70	5	24	14

Referred for treatment 29 Reinspections nil. Specials nil.

Parents present .. 17

Routine medical inspection	Number inspected.	Number req. treatment
Boys at all ages	128	15
Girls at all ages	83	14

TECHNICAL SCHOOL.

The number of children examined at age 14 was 104 (boys 67 and girls 37).

Twenty-one were referred for treatment (boys 10 and girls 11).

TABLE 1.—VITAL STATISTICS OF THE WHOLE BOROUGH DURING 1950 AND PREVIOUS YEARS.

YEAR	* Population	Births			Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District			
		Uncorrected Number	Nett						Under 1 Year of Age		At all Ages	
			Number	Rate	Number	Rate	of Non-residents registered in the District	of Residents not registered in the District	Number	Rate per 1,000 Nett Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1929	91,440	1696	1673	18·2	1324	14·4	107	56	148	88	1273	13·9
1930	91,440	1745	1745	19·0	1125	12·3	69	44	129	74	1100	12·0
1931	92,280	1634	1650	17·8	1126	12·2	53	37	100	61	1110	12·0
1932	92,250	1584	1652	17·9	1198	12·9	88	48	111	67	1158	12·5
1933	93,090	1608	1671	17·9	1201	12·9	89	48	114	68	1160	12·4
1934	93,700	1753	1738	18·5	1096	11·6	89	32	86	49	1039	11·0
1935	93,900	1656	1621	17·2	1165	12·4	96	45	102	63	1114	11·8
1936	93,690	1677	1677	17·9	1153	12·3	105	30	113	67	1078	11·5
1937	92,760	1514	1516	16·3	1123	12·1	96	40	86	57	1067	11·5
1938	92,320	1628	1613	17·4	1141	12·3	116	29	79	49	1054	11·4
1939	92,230	1576	1563	16·9	1161	12·8	108	51	83	53	1104	12·1
1940	82,560	1501	1558	18·8	1250	15·1	168	55	80	52	1137	13·7
1941	78,680	1398	1403	17·8	1195	15·1	148	61	80	57	1108	14·0
1942	76,800	1500	1506	19·6	1076	14·0	124	58	84	56	1010	13·1
1943	76,460	1529	1539	20·1	1246	16·2	154	52	83	54	1144	14·9
1944	76,150	1745	1752	23·0	1062	13·9	110	49	94	54	1001	13·1
1945	78,030	1714	1686	21·6	1111	14·2	122	47	80	47	1036	13·2
1946	86,340	2121	2118	24·5	1120	12·9	133	41	71	34	1028	11·9
1947	89,190	2154	2183	24·4	1235	13·8	113	53	97	44	1175	13·1
1948	91,060	1892	1911	20·9	1073	11·7	118	36	55	29	991	10·8
1949	91,250	1830	1872	20·5	1282	14·0	203	46	63	34	1125	13·0
1950	93,240	1688	1702	18·2	1222	13·1	224	54	51	29·9	1052	11·9

* Resident population at mid-year estimated by Registrar-General.

Area of District in acres (land and inland water) — 5,468

Total population at all ages 92,458
Number of inhabited houses 21,129
Number of families, or separate occupiers .. 22,027

At Census of 1931

TABLE 2. ENGLAND AND WALES AND GRIMSBY, 1937-1950.

BIRTH RATES.

Year	Number of Births	Birth Rate	
		Grimsby	England & Wales
1937	1516	16·3	14·9
1938	1613	17·4	15·1
1939	1563	16·9	15·0
1940	1558	18·8	14·6
1941	1403	17·8	14·2
1942	1506	19·6	15·8
1943	1539	20·1	16·5
1944	1752	23·0	17·7
1945	1686	21·6	16·1
1946	2118	24·5	19·1
1947	2183	24·4	20·5
1948	1911	20·9	17·9
1949	1872	20·5	16·7
1950	1702	18·2	15·8

TABLE 3. ENGLAND AND WALES AND GRIMSBY, 1937-1950.

DEATH RATES.

Year	Nett Deaths	Grimsby		England and Wales Death Rate
		Crude Death Rate	Adjusted Death Rate	
1937	1067	11·5	12·3	12·4
1938	1054	11·4	12·2	11·6
1939	1104	12·1	13·0	12·1
1940	1137	13·7	14·4	14·3
1941	1108	14·0	*	12·9
1942	1010	13·1	*	11·6
1943	1144	14·9	*	12·1
1944	1001	13·1	*	11·6
1945	1036	13·2	*	11·4
1946	1028	11·9	*	11·5
1947	1175	13·1	*	12·0
1948	911	10·8	*	10·8
1949	1125	12·3	13·0	11·7
1950	1052	11·2	11·9	11·6

* Area comparability factor suspended by Registrar General.

Table 4.—Cases of Infectious Diseases notified during the Year 1950.

Notifiable Disease.	Number of Cases notified													Total Cases notified in each Ward of the Borough.												Total Cases removed to Hospital.
	At all ages.	At Ages—Years.												Alexandra.	Central.	Clee.	Coates.	Hainton	Humber.	North-East.	Scartho.	South.	South-West.	Victoria.	Wellington.	Weelsby.	Wellow.	
		Under 1	1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 35.	35 to 45.	45 to 65.	65 & upwards.															
Scarlet Fever	126	—	2	9	13	16	60	15	2	9	—	—	—	16	2	11	6	9	1	6	8	41	9	3	3	5	6	38
Diphtheria (including Membranous Croup)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	3	—	—	—	—	—	—	—	2	1	—	—	—	2	—	—	—	—	—	—	—	1	—	—	—	—	—	3
*Acute Pneumonia	33	—	2	—	1	—	1	3	—	4	3	13	6	1	—	6	1	6	3	1	—	7	1	—	—	3	3	4
Meningococcal Infection	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Acute Poliomyelitis	25	2	6	2	4	1	4	1	1	3	1	—	—	2	—	2	3	—	—	1	—	8	4	1	2	—	2	23
Acute Polioencephalitis	2	1	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	2
Ophthalmia Neonatorum	20	20	—	—	—	—	—	—	—	—	—	—	—	6	—	1	2	1	1	—	—	5	1	2	1	—	—	6
Puerperal Pyrexia	7	—	—	—	—	—	—	—	—	7	—	—	—	2	1	1	—	—	—	—	—	2	—	—	1	—	—	3
Erysipelas	15	—	—	—	—	—	—	—	—	1	4	5	5	3	—	1	1	2	—	—	—	2	2	—	1	2	1	2
Chicken Pox	1068	18	49	62	83	89	675	68	7	14	3	—	—	62	46	63	67	28	225	98	12	236	47	40	67	42	35	3
Measles	1475	42	131	171	237	226	653	9	3	3	—	—	—	170	49	131	74	67	43	20	17	457	161	58	38	131	59	2
Whooping Cough	506	56	56	87	102	79	108	11	—	5	2	—	—	56	14	39	20	18	34	8	9	160	50	24	38	17	19	17
Acute Rheumatism	13	—	—	—	—	—	5	8	—	—	—	—	—	1	2	1	—	3	3	—	—	—	—	—	—	—	3	8
Food Poisoning	7	—	1	—	—	1	—	—	—	3	—	2	—	—	3	—	—	—	—	—	—	2	—	—	1	1	—	5
Totals	3301	139	247	331	441	412	1507	115	15	50	13	20	11	321	117	257	174	134	310	134	46	922	275	128	152	202	129	115†

* 4 of these cases were influenzal pneumonia.

† All cases were treated in Springfield Hospital except the following :—

Grimsby General Hospital. Pneumonia 2 ; polioencephalitis 1 ; acute rheumatism 3 ; food poisoning 1 ; dysentery 1.

Scartho Road Infirmary. Acute rheumatism 2 ; food poisoning 2 ; dysentery 1 ; pneumonia 1.

Table 5.—Causes of and Ages at Death during the Year 1950.

Causes of Death	Nett Deaths at the Subjoined ages of "Residents" whether occurring within or without the District.												Total Deaths whether of 'Residents' or "Non-Residents" in Institutions in the District
	All Ages. Total.	Males	Females	Under 1 year	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75	75 and upw'ds	
All Causes { Certified ..	1052	559	493	51	9	7	7	11	61	244	283	379	597
All Causes { Uncertified ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of respiratory system	29	23	6	1	...	...	1	4	6	10	3	4	21
Tuberculosis, other forms	2	1	1	...	...	...	1	1	...	...	...	...	6
Syphilis	9	5	4	...	...	...	...	...	...	4	5	...	5
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	1
Whooping cough	1	...	1	...	...	1	...	...	...	...	...	...	1
Meningococcal infection	1	1	...	1	...	...	...	...	...	...	...	...	1
Acute poliomyelitis	3	1	2	2	...	...	...	...	1	...	...	...	5
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	1	...	1	1	...	...	...	...	...	...	...	...	...
Other infective & parasitic diseases	1	1	...	1	...	...	...	...	...	...	...	...	3
Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	158	83	75	...	...	...	...	1	14	62	43	38	104
Diabetes	16	6	10	...	...	...	...	...	1	4	6	5	5
Anaemias	5	5	...	...	...	...	...	...	1	1	...	3	4
Vascular lesions of nervous system	153	71	82	...	...	...	...	...	2	29	53	69	104
Chronic rheumatic heart disease...	15	5	10	...	...	...	...	...	5	4	4	2	4
Arteriosclerotic & degenerative heart disease	237	130	107	...	...	...	...	...	4	48	76	109	79
Other diseases of heart	18	11	7	...	1	...	...	...	2	6	7	2	7
Hypertension with heart disease	56	32	24	...	...	...	...	...	...	14	19	23	38
Hypertension without mention of heart	5	2	3	...	...	...	...	...	...	4	...	1	1
Influenza	7	2	5	...	...	1	...	...	...	1	2	3	4
Pneumonia	53	30	23	9	4	1	...	...	...	10	14	15	46
Bronchitis	59	41	18	2	...	1	...	...	1	11	23	21	16
Ulcer of stomach & duodenum ...	11	10	1	...	...	...	...	...	2	3	2	4	11
Appendicitis	3	...	3	...	...	...	...	...	1	1	1	...	3
Intestinal obstruction and hernia	9	5	4	...	1	...	...	...	3	2	...	3	10
Gastritis, enteritis and diarrhoea	12	6	6	5	...	1	...	...	2	...	2	2	7
Cirrhosis of liver	3	1	2	...	...	...	...	...	...	2	1	...	3
Nephritis and nephrosis	17	5	12	1	...	...	...	1	6	3	3	3	19
Hyperplasia of prostate	5	5	...	...	...	...	...	...	...	...	1	4	4
Pregnancy, childbirth, abortion	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital malformations	4	2	2	3	...	...	...	1	...	...	...	...	4
Birth injuries, postnatal asphyxia and atelectasis	11	7	4	11	...	...	...	...	...	...	...	...	10
Other diseases peculiar to early infancy, and immaturity unqualified	11	5	6	10	1	...	...	...	...	...	...	...	8
Senility, ill-defined and unknown cause	60	21	39	...	...	...	...	...	...	...	4	56	4
All other diseases	33	14	19	...	...	2	...	1	3	13	7	7	26
Motor vehicle accidents	6	5	1	...	...	...	2	1	...	1	2	...	9
All other accidents	27	17	10	4	2	...	2	1	5	4	4	5	22
Suicide	10	6	4	...	...	...	...	...	2	7	1	...	2
Homicide and operations of war	1	...	1	...	...	...	1	...	...	...	...	...	...
TOTALS	1052	559	493	51	9	7	7	11	61	244	283	379	597

TABLE 6.—INFANTILE MORTALITY DURING THE YEAR 1950.

Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSES OF DEATH.	Under 1 week	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 year.
ALL CAUSES — Certified	23	4	2	..	29	3	7	7	5	51
ALL CAUSES — Uncertified	..	..	..	..	..	..	..	..	..	..
Measles		..	..	.			..	1	..	1
Whooping Cough	..		..	..	..		..	..	..	..
Diphtheria	..		..	..	..	..	..	..	..	..
Influenza	..			..	..	..	..		..	..
Tuberculosis of Nervous System						..	..			..
Tuberculosis of Intestines and Peritoneum			..		..					
Other Tuberculous Diseases							..	..	1	1
Syphilis	..		..			..	..	..	..	..
Meningitis			..		..	..	..	..	..	..
Convulsions	..	..	..	..	..	..	..	..	..	..
Bronchitis	..	..	..	..	..	1	..	1	..	2
Pneumonia	2	..	1	..	3	1	1	1	3	9
Other Respiratory Diseases	..	..	..	..	..	..	..	..	..	..
Inflammation of the Stomach	..				..		..	..	..	..
Diarrhœa and Enteritis	..	..	..	..	..	..	3	2	..	5
Hernia, Intestinal Obstruction	..	..	..	..	..	..	..	..	..	..
Congenital Malformations	2	..	..	..	2	..	..	..	..	2
Congenital Debility and Sclerema	..	1	..	..	1	..	..	..	..	1
Icterus	1	..	..	..	1	..	..	..	..	1
Premature Birth	5	1	..	..	6	..	..	..	..	6
Injury at Birth	1	1	..	..	2	..	..	..	..	2
Disease of Umbilicus	..	..	..	..	..	..	..	..	..	..
Atelectasis	10	..	..	..	10	..	..	..	..	10
Suffocation—in bed or not stated how	2	..	..	..	2	..	2	..	..	4
Poliomyelitis, paralytic	..	..	1	..	1	..	..	..	..	1
Polioencephalitis	..	..	..	..	..	..	..	1	..	1
Pneumococcal meningitis	..	1	..	..	1	..	..	..	..	1
Other causes	..	..	..	..	..	1	1	1	1	4
Totals	23	4	2	..	29	3	7	7	5	51

Live Births in the year—	Male	Female	Total	Nett Deaths in the year—	Male	Female	Total
Legitimate	836	747	1583		28	21	49
Illegitimate	69	50	119		2	..	2
Totals	905	797	1,702		30	21	51

Table 7.

Birth-Rates, Death-Rates, Analysis of Mortality, Maternal Mortality and Case-Rates for certain Infectious Diseases in the Year 1950.

(Provisional figures based on Quarterly Returns)

	ENGLAND and WALES.	126 County Boroughs and Great Towns including London.	148 Smaller Towns (Resident population 25,000 to 50,000 at 1931 Census).	London Administrative County.	GRIMSBY, C.B.
	Rates per 1,000 population.				
Births :—					
Live	15·8	17·6	16·7	17·8	18·2
Still	0·37	0·45	0·38	0·36	0·54
Deaths :—					
All causes	11·6	12·03	11·6	11·8	11·9
Typhoid & Paratyphoid	0·00	0·00	0·00	0·00	—
Whooping cough	0·01	0·01	0·01	0·01	0·01
Diphtheria	0·00	0·00	0·00	0·00	—
Tuberculosis	0·36	0·42	0·33	0·39	0·33
Influenza	0·10	0·09	0·10	0·07	0·07
Small-pox	—	—	—	—	—
Acute Poliomyelitis and Polioencephalitis	0·02	0·02	0·02	0·01	0·03
Pneumonia	0·46	0·49	0·45	0·48	0·56
Notifications (corrected) :—					
Typhoid fever	0·00	0·00	0.00	0·01	—
Paratyphoid fever	0·01	0·01	0·01	0·01	—
Meningococcal infection	0·03	0·03	0·02	0·03	0·01
Scarlet fever	1·50	1·56	1·61	1·23	1·35
Whooping cough	3·60	3·97	3·15	3·21	5·42
Diphtheria	0·02	0·03	0·02	0·03	—
Erysipelas	0·17	0·19	0·16	0·17	0·15
Small-pox	0·00	0·00	—	—	—
Measles	8·39	8·76	8·36	6·57	15·81
Pneumonia	0·70	0·77	0·61	0·50	0·35
Acute Poliomyelitis (including Polioencephalitis) Paralytic	0·13	0·12	0·11	0·08	0·23
Non-paralytic	0·05	0·05	0·06	0·05	0·05
Food poisoning	0·17	0·16	0·14	0·25	0·07
	Rates per 1,000 Live Births.				
Deaths under 1 year of age	29.8	33·8	29·4	26·3	29·9
Deaths from Diarrhœa and Enteritis under 2 years of age	1·9	2·2	1·6	1·0	2·9
	Rates per 1,000 Total Births (Live and Still).				
Notifications (corrected):—					
Puerperal fever	5·81	7·43	4·33	6·03	3·99
Puerperal pyrexia					
Maternal Mortality :—					
Abortion with sepsis	0·09	—	—	—	—
Other Abortion	0·05	—	—	—	—
Complication of pregnancy and delivery	0·54	—	—	—	—
Sepsis of childbirth and the puerperium	0.03	—	—	—	—
Other complications of the puerperium	0·15	—	—	—	—
Total	0·86	—	—	—	—

Table 8.—Grimsby.

Tabulation by Age, Sex and Clinical Classification of Cases Notified as Acute Rheumatism during the Year, 1950.

Clinical Classification of Case Notified.	*Age in Years.*								*Total* all ages		*Total* both sexes
	0—4		5—9		10—14		15 over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Rheumatic Pains and/or Arthritis without heart disease ...	—	—	1	—	3	4	—	—	4	4	8
2. Rheumatic Heart Disease (Active).											
(a) with polyarthritis ...	—	—	1	—	1	—	—	—	2	—	2
(b) with chorea ...	—	—	—	—	—	—	—	—	—	—	—
3. Rheumatic Heart Disease (Quiescent) ...	—	—	—	—	—	—	—	—	—	—	—
4. Rheumatic Chorea (alone)	—	—	1	—	—	—	—	—	1	—	1
TOTAL Rheumatic cases ...	—	—	3	—	4	4	—	—	7	4	11
5. Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—	—
6. Other non-rheumatic Heart disease or disorder ...	—	—	—	—	—	—	—	—	—	—	—
7. Not rheumatic or cardiac disease ...	—	—	—	2	—	—	—	—	—	2	2
TOTAL Non-Rheumatic cases	—	—	—	2	—	—	—	—	—	2	2

TABLE 9—GRIMSBY, 1950.

TUBERCULOSIS—Age Groups of New Cases and Deaths.

Age Periods.	New Cases.				Deaths.			
	PULMONARY		NON-PULMONARY		PULMONARY		NON-PULMONARY	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	1	–	–	–	1	–	–
1–2 years	—	–	–	1	–	–	–	–
2–5 years.	1	–	1	–	–	–	–	–
5–10 years.	4	1	1	–	–	–	–	–
10–15 years.	3	1	2	–	1	–	1	–
15–20 years.	5	7	1	–	–	–	–	–
20–25 years.	8	5	–	3	2	2	–	1
25–35 years.	14	10	1	–	2	–	–	–
35–45 years.	8	2	–	1	5	–	–	–
45–55 years.	4	3	–	–	5	–	–	–
55–65 years.	2	2	1	–	3	1	–	–
65–75 years	2	1	–	–	3	–	–	–
75 and upwards.	1	1	–	–	2	2	–	–
Totals ..	52	34	7	5	23	6	1	1

TABLE 10—GRIMSBY, 1950.

TUBERCULOSIS—Ward Distribution of New Cases and Inward Transfers.

Primary notifications.	WARDS.														
	Alex.	Central	Clee	Coates	Hainton	Humber	N-East	Scartho	South	S-West	Victoria	Weelsby	Wellow	Wellington	Totals
Pulmonary—															
Males	1	1	7	–	4	7	4	–	12	–	6	1	2	7	52
Females	–	4	3	–	3	7	1	–	9	3	1	–	2	1	34
Non-Pulmonary—															
Males	1	1	–	–	1	–	–	–	–	1	1	–	1	1	7
Females	–	–	1	–	1	2	–	–	1	–	–	–	–	–	5
Total ...	2	6	11	–	9	16	5	–	22	4	8	1	5	9	98
Inward Transfers.															
Pulmonary—															
Males	1	–	–	1	1	–	–	–	–	–	2	1	1	–	7
Females	–	–	1	–	–	–	1	–	1	1	–	–	–	–	4
Non-Pulmonary—															
Males	1	–	–	–	1	–	–	–	–	–	–	–	–	1	3
Females	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1
Total ...	2	–	1	1	2	–	1	–	1	2	2	1	1	1	15
Grand Total ...	4	6	12	1	11	16	6	–	23	6	10	2	6	10	113

NOTE.—The wards are so unequal in size and population that little can be gleaned from this table.

TABLE 11—Grimsby, 1950.

Tuberculosis.—Notifications and Ratio of Non-Notified Deaths in each year of the Decennium.

Year.	Total primary notifications.	Notifications per thousand of population.	Ratio of non-notified Deaths.	Ratio of non-notified Deaths	
				Pulmonary.	Non-Pulmonary
1941	127	1·61	4·6%	3·0%	1·6%
1942	147	1·91	6·5%	4·9%	1·6%
1943	138	1·80	5·6%	4·2%	1·4%
1944	153	2·00	1·8%	1·8%	—
1945	176	2·25	15·8%	14·3%	1·5%
1946	179	2·07	8·9%	8·9%	—
1947	146	1·63	13·8%	7·7%	6·1%
1948	128	1·40	—	—	—
1949	130	1·42	8·3%	8·3%	—
1950	98	1·05	25·8%	25·8%	—

TABLE 12—England and Wales and Grimsby, 1941—1950.

Total Tuberculosis death rates in each year of the decennium.

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
England and Wales	0·73	0·66	0·66	0·62	0·62	0·55	0·54	0·50	0·45	0·36
Grimsby	0·82	0·79	0·93	0·73	0·80	0·64	0·72	0·74	0·52	0·33

TABLE 13—FACTORIES ACTS, 1937 and 1948.

Annual Report of the Medical Officer of Health in respect of the Year 1950 for the County Borough and Port of Grimsby in the County of Lincoln

Prescribed particulars on the administration of the Factories Act, 1937.

PART I OF THE ACT.

1—**INSPECTIONS** for purposes of provisions as to health (including inspections made by Sanitary Inspectors.)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	553	521	14	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	487	390	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority † (excluding out-workers' premises)	25	30	—	—
TOTAL	1,065	941	20	—

2—CASES IN WHICH **DEFECTS** WERE FOUND.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1)	78	87	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	1	2	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	8	8	—	—	—
Sanitary Conveniences (S.7) (*a*) insufficient	8	1	—	1	—
(*b*) Unsuitable or defective	22	18	—	—	—
(*c*) Not separate for sexes	4	1	—	—	—
Other offences against the Act (not including offences relating to Outwork)	49	55	—	—	—
TOTAL	170	172	—	1	—

† *i.e.* Electrical Stations [Section 103(1)], Institutions, (Section 104) and sites of Building Operations & Works of Engineering Construction (Sections 107 & 108).

Part VIII of the Act.

OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc.	2	—	—	—	—	—
Nets, other than wire nets	220	—	—	—	—	—
TOTAL	222	—	—	—	—	—

Table 14.

Diphtheria Immunisation.

Age at date of completed primary injection.	*Total immunised to* 31.12.46	1947	1948	1949	1950	*Total*	
Under 1 year ..	16	112	88	74	2	Under 5 years	4,022
1-2 years ..	546	802	905	846	580		
2-3 ,, ..	729	158	250	142	93		
3-4 ,, ..	647	53	67	65	29		
4-5 ,, ..	668	42	47	24	18		
5-6 ,, ..	612	34	49	37	19	5-10 years	3,957
6-7 ,, ..	863	41	50	36	9		
7-8 ,, ..	977	20	25	28	10		
8-9 ,, ..	1,154	22	16	17	6		
9-10 ,, ..	1,144	10	27	10	3		
10-11 ,, ..	1,324	2	10	16	6	10-15 years	5,652
11-12 ,, ..	1,179	9	14	11	8		
12-13 ,, ..	1,105	1	5	—	4		
13-14 ,, ..	1,207	3	1	—	—		
14-15 ,, ..	1,020	3	7	2	—		
Children now aged 15 years and over and immunised prior to 31.12.46	4,951	—	—	—	—	15 yrs. and over	9,479
Totals ..	18,142	1,312	1,561	1,308	787		23,110

TABLE 15 (1950.)

County Borough of Grimsby.

NET DEATHS, *i.e.*, DEATHS ACTUALLY BELONGING TO THE DISTRICT.

LOCALITIES.

AGES.

MORTALITY.	Detailed list numbers	Alexandra	Central	Clee	Contes	Humton	Humber	North-East	Scartho	South	South-West	Victoria	Wellington	Weelsby	Wellow	INSTITUTIONS: Grimsby General Hospital	INSTITUTIONS: Scartho Infirmary	INSTITUTIONS: Springfield Hospital	INSTITUTIONS: Other Institutions	Total at all Ages	Under 1 Year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and up
All Causes — Certified		45	35	79	9	53	41	20	29	102	39	34	46	67	47	109	271	13	13	1052	51	9	7	7	11	61	244	662
All Causes — Uncertified		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B 1 Tuberculosis of respiratory system	001–008	1	2	2	—	1	—	1	—	2	1	4	2	—	—	1	8	4	—	29	1	—	—	1	4	6	10	7
B 2 Tuberculosis, other forms	010–019	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	1	1	—	—	—
B 3 Syphilis and its sequelae	020–029	—	—	1	—	—	2	—	—	—	—	1	1	—	—	1	3	—	—	9	—	—	—	—	—	—	4	5
B 4 Typhoid fever	040	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B 5 Cholera	043	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B 6 Dysentery, all forms	045–048	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B 7 Scarlet fever and streptococcal sore throat	050, 051	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B 8 Diphtheria	055	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B 9 Whooping cough	056	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	—	—	—	—	—
B10 Meningococcal infections	057	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
B11 Plague	058	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B12 Acute poliomyelitis	080	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	3	2	—	—	—	—	1	—	—
B13 Smallpox	084	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B14 Measles	085	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
B15 Typhus and other rickettsial diseases	100-108	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B16 Malaria	110–117	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B17 All other diseases classified as infective and parasitic	030–039; 041, 042; 044, 049; 052–054; 059–074; 081–083; 086–096; 120–138	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—
B18 Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	140–205	6	4	14	3	5	11	1	3	14	5	6	5	8	4	25	43	1	—	158	—	—	—	—	1	14	62	81
B19 Benign and unspecified neoplasms	210–239	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B20 Diabetes mellitus	260	1	—	1	—	1	1	1	—	2	2	—	—	1	2	1	3	—	—	16	—	—	—	—	—	1	4	11
B21 Anaemias	290–293	—	—	—	—	1	—	—	—	—	—	—	—	2	—	—	2	—	—	5	—	—	—	—	—	1	1	3
B22 Vascular lesions affecting central nervous system	330–334	6	5	7	1	8	7	2	4	12	13	4	6	7	5	7	59	—	—	153	—	—	—	—	—	2	29	122
B23 Nonmeningococcal meningitis	340	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B24 Rheumatic fever	400–402	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B25 Chronic rheumatic heart disease	410–416	2	2	1	—	—	2	—	1	2	—	—	—	1	—	1	3	—	—	15	—	—	—	—	—	5	4	6
B26 Arteriosclerotic & degenerative heart disease	420–422	10	8	23	2	15	9	7	13	21	7	12	14	14	19	12	51	—	—	237	—	—	—	—	—	4	48	185
B27 Other diseases of heart	430–434	2	2	1	—	1	—	2	—	2	—	—	1	3	—	3	1	—	—	18	—	1	—	—	—	2	6	9
B28 Hypertension with heart disease	440–443	3	1	5	1	—	2	—	—	7	1	—	—	3	1	3	29	—	—	56	—	—	—	—	—	—	14	42
B29 Hypertension without mention of heart	444–447	—	1	2	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	5	—	—	—	—	—	—	4	1
B30 Influenza	480–483	—	1	1	—	1	—	—	—	1	—	—	—	—	1	2	—	—	—	7	—	—	1	—	—	—	1	5
B31 Pneumonia	490–493	3	1	4	1	1	1	—	3	4	1	1	—	2	1	5	22	2	1	53	9	4	1	—	—	—	10	29
B32 Bronchitis	500–502	3	4	5	—	6	—	1	—	12	1	2	8	4	2	1	10	—	—	59	2	—	1	—	—	1	11	44
B33 Ulcer of stomach and duodenum	540, 541	—	1	—	—	1	—	—	1	2	—	—	—	—	—	2	4	—	—	11	—	—	—	—	—	2	3	6
B34 Appendicitis	550–553	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	3	—	—	—	—	—	1	1	1
B35 Intestinal obstruction and hernia	560/1, 570	—	—	—	—	1	—	—	—	1	—	—	—	—	—	5	2	—	—	9	—	1	—	—	—	3	2	3
B36 Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	543, 571/2	—	1	1	—	—	—	—	—	1	1	—	—	1	—	—	6	1	—	12	5	—	1	—	—	2	—	4
B37 Cirrhosis of liver	581	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2	—	—	3	—	—	—	—	—	—	2	1
B38 Nephritis and nephrosis	590–594	—	—	—	—	1	—	—	1	—	1	—	—	2	1	5	6	—	—	17	1	—	—	—	1	6	3	6
B39 Hyperplasia of prostate	610	—	—	—	—	4	—	—	—	—	—	—	—	—	—	1	—	—	—	5	—	—	—	—	—	—	—	5
B40 Complications of pregnancy, child birth and the puerperium	640–652; 670–689	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B41 Congenital malformations	750–759	—	—	—	—	—	1	—	—	1	—	—	1	—	—	—	—	—	1	4	3	—	—	—	1	—	—	—
B42 Birth injuries, postnatal asphyxia and atelectasis	760–762	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	8	11	11	—	—	—	—	—	—	—
B43 Infections of the newborn	763–768	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B44 Other diseases peculiar to early infancy, and immaturity unqualified	769–776	—	—	—	—	2	—	—	1	—	1	—	1	—	—	1	2	—	3	11	10	1	—	—	—	—	—	—
B45 Senility without mention of psychosis, ill-defined and unknown causes	780–795	6	1	4	1	4	3	1	—	9	4	2	3	14	7	—	1	—	—	60	—	—	—	—	—	—	—	60
B46 All other diseases	Residual	—	—	2	—	—	2	1	1	2	1	—	1	3	2	6	12	—	—	33	—	—	2	—	1	3	13	14
BE47 Motor vehicle accidents	E810–E835	—	—	—	—	—	—	—	—	2	—	—	—	—	—	4	—	—	—	6	—	—	—	2	1	—	1	2
BE48 All other accidents	E800–E802; E840–E965	1	—	2	—	—	—	3	—	—	—	1	3	—	1	16	—	—	—	27	4	2	—	2	1	5	4	9
BE49 Suicide and self-inflicted injury	E970–E979	—	1	3	—	—	—	—	1	3	—	—	—	—	—	2	—	—	—	10	—	—	—	—	—	2	7	1
BE50 Homicide and operations of war	E980–E999	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—
TOTALS		45	35	79	9	53	41	20	29	102	39	34	46	67	47	109	271	13	13	1052	51	9	7	7	11	61	244	662